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ABSTRACT

A practical resource guide rather than a theoretical document, the guide contains information on sex education designed to help parents, professionals, and volunteers working with or teaching the mentally retarded. Guidelines for developmental sequences of instruction and suggestions concerning concepts, content, teaching methods and activities, and instructional materials are presented. The concepts and their associated ideas and materials are presented sequentially, from the easy and basic to the sophisticated, so that materials from the appropriate level can be selected for use with the educable or trainable retarded. Outlined are seven steps for establishing a sex education program in residential or day schools. Following brief discussions of the attitudes and responsibilities of adults involved and of teaching styles, two sample lesson plans are given to show how materials and information can be organized for presentation. Detailed are the component concepts and related activities for four general curriculum areas: awareness of self, physical changes, peer group relationships, and responsibility to society. The extensive list of selected resources includes both printed and audiovisual materials to use with the retarded. (KW)

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A RESOURCE GUIDE IN SEX EDUCATION FOR THE MENTALLY RETARDED

A Joint Project of the Sex Information and Education Council of the United States and the American Association for Health, Physical Education, and Recreation

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American Association for Health Physical Education and Recreation

The American Association for Health, Physical Education, and Recreation (AAHPER) is affiliated with the National Education Association and has a membership of more than 50,000 health educators, physical educators, and recreation specialists. Founded in 1885, this Association is concerned with improving the physical education, health education, and recreational opportunities for children, youth, and adults throughout the country. Between July 1, 1965, and June 30, 1960, the Association conducted the Project on Recreation and Fitness for the Mentally Retarded with a grant received from The Joseph P. Kennedy, Jr. Foundation. On July 1, 1968, the scope of the Project was officially expanded to encompass all handicapping conditions. The AAHPER Board of Directors made the Unit on Programs for the Handicapped a permanent part of its structure and operation in November, 1968. The scope and function of activities, services, and materials provided by AAHPER in health, physical education, and recreation for the handicapped will continue to expand to meet the needs and demands of all personnel interested and involved in these programs.

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INTRODUCTION

Like other children, the mentally retarded child has sexual feelings, is exposed to sexual messages and experiences, and is a sexual person. Since, by definition, the mentally retarded child is less capable of comprehending and understanding than so-called normal children, he needs special guidance and education so that he can understand sex and his own sexuality. Even among the retarded, some children have greater limitations than others, and their sex education must be related to their particular needs and to the social context in which they live.

In recent years there has been an increased effort to assimilate the retarded – to keep them at home, in school, and in jobs – so that they can live their lives to their fullest individual potential. Therefore, parents and those who teach and work with the retarded must consider personal and social factors that were thought to be beyond the comprehension of the retarded a few short years ago. Among these factors are sex and sex education. Everyday those who work closely with the retarded seek help, information, and materials in the area of human sexuality. Professionals, parents, and volunteers who work with and teach the mentally retarded have identified and articulated numerous problems pertaining to sex education for the retarded. Consider these:

1. How does one help the retarded establish realistic and sound attitudes about sex relationships?
2. How does one help the retarded channel natural drives into socially acceptable behavior?
3. How does one provide the retarded, where necessary, with some form of lifetime supervision over relationships of a sexual nature?

Sex education and sex instruction are not the same. Sex education begins with concepts and attitudes toward masculinity and femininity that are developed subtly from earliest infancy – and which are affected by every aspect of and activity in one's life.

Retarded children can and do learn, but, like other people, their abilities to learn vary greatly from person to person. Most retarded children *CAN* learn to behave in an acceptable manner with respect to social and sexual standards. Those who live in institutions are particularly lacking in privacy, but they too can be taught acceptable behavior by leaders who correct inappropriate behavior, reward desirable behavior, and set good examples.

The sex drive in retarded people varies in intensity just as it does in other individuals. Like other children, mentally retarded boys and girls have been introduced and exposed to sex in a variety of ways. They come from widely different cultural backgrounds – some from well-to-do homes, others from middle class families, others from inner-city slum areas. Therefore, they will undoubtedly have developed *different* attitudes toward sex and unquestionably will have been given different information about sex. Retarded children living in residential settings will have still different attitudes and values based on different sets of experiences.

It is to be expected that the retarded child attending school in his home community will profit from more typical life situations. But he, too, may lack the necessary understanding and emotional stability to cope with the many social decisions he must make. Compounding the problems of different information, attitudes, values, and abilities among the retarded are the attitudes of parents and other adults toward sex and sex education. Many adults, in an effort to protect children, fail to provide them with necessary information. They do not realize that their own attitudes toward sex are picked up and adopted by the child – and in fact form a part of the youngster's sex education.

The mentally retarded child who lives in the community encounters many example of behavior through observation and association with his peers, by watching television, and looking at or reading magazines. Certainly, he learns to view heterosexual relations and marriage as the usual way of life. Although the incidence of marriage among the mentally retarded is not accurately known, many do marry

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and have children. The largest percentage of retarded who live in institutions do not marry – and are not encouraged in this direction. Yet, the sex drive is as strong in many of them as it is in the mildly retarded.

It should be noted that the retarded are vulnerable in that they are easily misled. Without careful preparation, many fall victim to sexual seduction and exploitation. The facts show that retarded people are affected by "sexy" pictures and "sexy" talk. Girly magazines stimulate many retarded boys and seductive talk stimulates retarded girls. In most respects, they respond to the world of sex the same way that you do.

Living in a world of retardation means living in a world of limited success and limited accomplishment. This may lead to feelings of failure – at school, in social and recreational activities. To compensate for this, those who realize that they can produce or bear children and achieve that sense of success, that distinction, may do so – with or without benefit of marriage. Consequently, planned instructional programs of sex education are essential to their future adjustment. The intellectual limitations of the mentally retarded present certain difficulties in development of sex education programs that are relevant to the individual needs of the retarded.

This *Guide* has been developed to help adults concerned with the growth, development, and welfare of the mentally retarded. It provides guidelines and suggestions for developmental sequences to use and adapt for specific individuals and groups. It offers ideas and suggestions about concepts, content, and teaching methods and activities that have been effective; books, pamphlets, and other instructional materials are listed to help professionals, volunteers, and parents to meet the needs of those with whom they work. This is a practical working guide – not a theoretical document – designed to help you help the retarded.

This *Guide* was prepared by a special committee of the Sex Information and Education Council of the United States and the American Association for Health, Physical Education, and Recreation's Project on Recreation and Fitness for the Mentally Retarded (now Unit on Programs for the Handicapped). The committee consisted of individuals from public schools, residential facilities, and day care centers who individually and collectively contributed their knowledge, experience, and ideas to the preparation of this *Guide*. In addition, many dedicated individuals from every state in the United States were asked to and did contribute ideas, suggestions, and materials for this publication. Therefore, the content, activities, methods, and materials represent a cross section of the thinking of many professionals, volunteers, and parents from every type of organization, agency, and institution.

The committee used a developmental approach in preparing the *Guide*. Concepts and the associated ideas and materials are presented sequentially from the basic and extremely easy to the difficult and most sophisticated. The teacher, volunteer, or parent can readily select materials from this developmental sequence for use with the educable or trainable child. The user of this *Guide* – professional or parent – is urged to look at the functional level and understanding of each individual with whom he is working, and then select what is most appropriate and applicable for him.

Guidelines for Development of the Guide

The following five statements served as a frame of reference for the development of this *Guide:*

1. A well designed sex education program should be made available to all mentally retarded children and youth whether they reside in a residential facility or at home in the community.
2. Development of guidelines must be applicable to situations in which sex education programs for the mentally retarded are underway as well as to situations where programs have not yet been started.
3. Incorporation of sex education into the curriculum for the mentally retarded by a local school district or an institution should not take the form of isolated instruction. Rather, much of the content should be integrated with relevant aspects of the existing curriculum.
4. Users of the guidelines and *Guide* will vary. Many will be teachers and parents. Others will be professionals and paraprofessionals who come in contact with the retarded in the course of their work.
5. Curriculum guides should not be in the form of a cookbook. Rather, they should suggest the scope and sequence of appropriate content plus samples of teaching activities.

Steps in Developing Sex Education Programs

The approach used in developing sex education programs for the mentally retarded will depend on ability level of the individuals for whom programs are planned and organizations or settings in which instruction is to take place. While objectives of public school special class programs are similar to those offered in public and private residential facilities, organizational structures do differ. School districts should, of course, include mentally retarded students in sex education – or family living – programs.

The steps suggested below for the establishment of a sex education program can be adapted to both residential and day school programs. There are no shortcuts in developing sound and effective sex education courses for children and youth. Detailed and careful planning is essential, particularly in structuring programs for the mentally retarded. Here are seven steps that you should take in developing a program to fit your situation:

1. *Select an advisory or ad hoc committee*– The committee should include parents, teachers, doctors, clergymen, and other community leaders. If possible, include a representative of the school or district's administrative staff – someone who has status and is involved in the

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decision-making process at the administrative level. In an institution this person might be the director of education or social services. In a school it might be a principal or the director of special education. Keep in mind the importance of securing the cooperation of the professional staff as well as securing the support of parents and the community.

2. *Involve parents* – Keep parents informed of plans and activities. Allow them to review program materials, thus making them "partners" rather than "onlookers." Setting up discussion groups for parents is another way to involve them directly in your program.

3. *Involve administrators* – Support of the administration is essential to good sex education programs. If the administration has been represented in the preliminary planning, it is more apt to endorse the program. The administration's support should be so strong that it is evident to teachers, others responsible for instruction, and the community that the administration is backing the program completely and is committed to its success.

4. *Establish curriculum objectives* – Major decisions regarding the objectives of the program will have to be made by the committee and its advisors. The task of determining what the program should do for students will require considerable study. The desired outcomes will not be the same for the severely retarded and the mildly retarded. Simply discussing curricular objectives in committee meetings will not satisfy the requirements of establishing clear-cut goals. The objectives should be written down in explicit terms that will be easily understood by all persons involved in the program.

5. *Specify curriculum content* – The scope and sequence of the curriculum should be determined by representatives of the instructional staff. Resource persons should be made available to the group assigned responsibility for this phase of the program. The content should be sequentially outlined on a continuum so that persons working with older and advanced students have access to the experiences provided students at lower levels. The planning of curriculum content can be incorporated into inservice activities discussed in Step 6.

6. *Provide inservice education* – Because the teaching of sex education may be a new experience for participants in the program, inservice education is essential. Some adults will prefer not to become involved in a sex education program – and they should not be pressured into participating. At the same time, other people may be drawn towards sex education for reasons that are not in the best interests of themselves or the students; care must be taken in selecting the individuals who are to receive inservice training and who are eventually going to teach sex education. The focus of inservice programs should be directed at broadening attitudes, knowledge, and instructional skills of teachers. Following an orientation into sex education, inservice training should be structured into the area of curriculum development. Teachers, with the help of consultants, should develop the curriculum, design teaching activities, and identify appropriate resources.

7. *Conduct a pilot program* – Before implementing the program on a school-wide or district-wide basis, conduct pilot classes for a semester or two. This will allow selected teachers to gain experience, try out the curriculum, and acquire confidence in teaching sex education to the mentally retarded. Following the experimental period, the pilot teachers can serve as consultants to other teachers when the program becomes operational throughout the school, district, or institution.

TO PARENTS AND OTHER ADULTS: VOLUNTEERS, ATTENDANTS, CHILD CARE WORKERS, CAMP COUNSELORS, DAY CARE SUPERVISORS, EMPLOYEES

The task of conducting a sex education program for the mentally retarded is basically the same whether the instructor is teacher, parent, parent surrogate, or volunteer. The socio-sexual needs of young retardates are continuous and persistent, regardless of who is teaching or guiding them. Furthermore, the retarded should be viewed as individuals with social and physical needs that are comparable to those of the nonretarded population. Therefore, an instructor, regardless of professional, parental, or volunteer status, should recognize that his assignment of teaching sex education to retarded youngsters is similar to that of teaching sex education to more intellectually and academically capable children – though instructional methods and pace of instruction may be somewhat different.

While a teacher usually works in a formal or semi-formal setting, a nonteacher adult who works with the retarded is likely to find himself in an informal situation. More often than not, adults will be called upon to offer guidance in emergency situations for which they have little time to prepare. As questions arise, the adult must cope with them if the child is to benefit from experience – simply put, there is seldom time for planned preparation and the adult must be prepared to provide answers on the spot.

Even in informal situations, like institution dormitories, it is conceivable that attendants who are not trained teachers can be given direction and guidance needed to carry on meaningful sex education programs. In fact, an attendant is in an ideal position to help guide the socio-sexual development of retarded children and youth.

The key to successful sex education teaching of the mentally retarded is the *example* set by parents or volunteers. What they say, how they say it, the way they act, and how they strive to widen the understanding of those they seek to guide are extremely important. It is imperative that teachers impart correct information. How they teach and when they teach are equally important.

Self-Understanding

Parents and other adults who work with the mentally retarded should have a basic understanding of themselves and their own sexuality so that they will be able to accept individual differences objectively and optimistically, with naturalness and empathy. The adult's personal attitude toward individual retardate's abilities and limitations will determine the degree of success he will have in communicating with students. As adults work with young retardates, they may find themselves acquiring deeper insights into understanding themselves.

Self-Education

Parents and other adults involved in sex education programs will probably want to become involved in independent study of social-sexual problems of retarded youth so as to bring greater understanding and knowledge to their particular situations. Planned reading, attending community, state, or national institutes, may, for example, help parents to recognize that adolescence is usually a trying period for both parent and child – and it can be traumatizing. A parent or other adult may become tired, frustrated, and ready to abandon hope for the child who has been a long-time resident of an institution. This attitude may come through to the child and may inadvertently cause him to revert to childish activities or impede his future growth. Informed adults will recognize the need for greater understanding and for active support to encourage retarded children and youth.

Professional Assistance

In some communities, professional organizations provide printed materials, present radio and television programs, and offer credit and noncredit classes in the evening or at other times. Some organizations schedule meetings and other activities to

bring about opportunities for interaction between parents and other adults. Parents and children who have been regularly attending a clinic or other medical or educational facility will probably be able to secure answers to questions and problems through resources available at the clinic or other facility. Attendants and child-care workers in institutional settings will usually be able to secure needed help from other staff members who are available for assistance and/or referral. Adults and parents can usually obtain professional assistance from such community resources as medical services, child guidance centers, public welfare groups, and religious organizations.

Responsibilities

The training of retarded children and young people in the area of sexuality is, or should be, the concern of parents and other adults responsible for their welfare. Community involvement in providing factual, realistic, and skillful assistance should continue throughout the entire life span of the individual retardate. In the preschool years, whether spent at home or in a residential facility, the retarded boy or girl should begin to acquire some basic understanding of positive concepts and healthy attitudes towards sexual drives, sex differences, and related topics. The school years should see these concepts built upon and expanded, and interpretations of their meanings should be stressed. For the years after the formal educational process is concluded, sex education for the retarded should take the form of counseling and follow-up. No one person is solely responsible for the sex education of the retarded – many persons are responsible at each stage of development.

Attitudes

Attitudes which prepare the way for comfortable and rewarding sharing of information and understanding between parents or other adults and retarded young people may be described in the following terms:

1. All retarded children and young people have sexual feelings and drives which are unrelated to mental ability. Some boys and girls with low IQ's have little interest in sex and low or weak sex drives, while others with low IQ's have a great deal of curiosity about sex and strong sex drives. Every individual is unique in terms of personality, physiology of sex, and his perception of it. Parents and adults must exercise care in not stereotyping the retarded regarding sex. Some have little or limited sexual development, while others, even those with underdeveloped bodies, have normal sexual desires and interests.
2. Sexuality, as it is for most people, is part physical or physiological and part emotional. How an individual responds to a variety of stimuli will depend upon his experience, his learned patterns of behavior, and the guidance he has received.
3. Human sexuality is a normal part of everyone's life, including that of the retarded. A healthy perspective is to understand this in terms of the age and condition in life of each individual. Therefore, there must be a realistic approach to the needs and drives of each person.
4. The quality of the sex life begins before birth and extends throughout life – from "womb to tomb" is more than an aphorism. The way the retarded express their sexuality will depend greatly upon the attitudes of those who care for them.
5. There should be a willingness to listen to children's questions and a sincere search for answers that are appropriate for the child at his specific stage of development. By respecting the child as he asks questions, by taking him seriously, and by responding to him as a genuine person, the parent or adult can prepare the way for a good teaching-learning situation.
6. The interest in sexual topics is normal for both retardates and the general populace. This situation should be ac-

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cepted as a fact and not as reflecting "bad tendencies." A corollary to this interest is that parents and other adults should channel it into open discussion rather than avoiding the topic and driving it underground.

7. The retarded learn more from example than from words. Attitudes of adults toward sexual growth and development are reflected more by their tone of voice and manner of responding than by their choice of words and the concepts they express. The adult should answer questions in a straightforward matter-of-fact manner, expressing or showing no shock at any question put to him.

8. The retarded, like their normal siblings, want and need healthy peer acceptance. Ordinary social and physical contact with members of the same and opposite sex is healthy and normal for the retarded just as it is for other young people.

9. Not all that looks or sounds like sex is in reality sexual in meaning. For example, playful holding hands by mongoloids is probably not in the same category of socio-sexual conduct as it might be for other retarded youngsters.

10. Parents and substitute parents should recognize the need to seek assistance in dealing with the retarded with respect to sex. They should not expect to have all the answers themselves, nor should they believe that they can handle all possible problems themselves. They should, on occasion, seek help and advice of physicians, nurses, and other specialists.

11. The retarded at all mental levels can learn responsible and acceptable behavior in all areas of sexuality if parents and adults who work with them provide careful instruction, good models and examples, and thoughtful support.

TEACHING STYLES

It would be presumptuous to suggest that there is a single best teaching style to use in teaching sex education to the mentally retarded. Teachers vary in the styles they use most effectively just as students differ in how they respond to school experiences. Some teachers feel more comfortable in a structured situation while others prefer to stress interaction based on active pupil involvement. Despite differences in styles, it is possible to offer suggestions to enhance a teacher's chances of meeting the needs of retarded pupils.

Obviously, the content of sex education differs substantially from that of an academic subject such as mathematics. A prime requisite of good teaching in mathematics is the introduction of concepts and skills sequentially. The teacher must introduce appropriate concepts at the proper time. In addition, mathematics teachers have an extensive amount of resource materials available for their own use – and for use with students. These materials, in themselves, add structure to the instructional program. Sex education should also be sequential and well organized. However, the nature of the subject matter often requires the teacher to cope with problems of concern to pupils at a specific time, regardless of the sequence outlined in the curriculum guide or set up in the instructor's original lesson plans for the course. Thus, the teacher must be prepared to develop meaningful learning experiences when a reason occurs or when problems arise which must be considered promptly – they must capitalize upon every teachable moment. At the same time, the teacher must be aware of and sensitive to the child's knowledge in order to help the youngster assimilate the new information. The teacher should strive to present a well structured program, but should remain flexible in daily class instruction.

The rapport a teacher establishes with pupils is vital to the success of a sex education program. If students feel they can confide in their teacher and speak freely, the program will be extremely beneficial to the participants. If children lack this feeling, then the sex education program will be of little value to them. Teacher attitudes contribute greatly to the instructional atmosphere. How individual instructors feel about their own sexuality, about sex education for the mentally retarded, and about their roles in programs are important. Some teachers who do an excellent job in teaching academic disciplines are unsuccessful in teaching sex education. For this reason, team teaching or the assignment of one teacher to assist others may be beneficial.

Keep these points in mind:

1. Retarded children, particularly the mildly retarded, will be concerned at about the same chronological age as their "normal" peers about topics similar to those that interest the non-retarded.
2. Intellectual limitations of retarded children restrict the use of many instructional materials that have been prepared for and used by "normal" students.
3. All materials should be examined before use and should be modified, if necessary, to fit the needs of retarded children. It is particularly important that films and other audiovisual materials be examined before use.
4. Many children come from home backgrounds quite different from the teacher's. Their values may be different; their life styles may be different. Teachers must refrain from passing judgments.
5. Teachers must be good listeners as well as skillful dispensers of information.
6. Teachers should not rely on abstract teaching approaches, such as lecturing.
7. Teachers should be constantly alert for indications of personal concerns on the part of individual pupils.

Sample Lesson Plans

The sample lesson plans are designed to illustrate how materials, information, and experiences can be organized for presentation. Two representative topics – masturbation and physical sex differences – have been selected for demonstration purposes. The lessons are not intended to cover these topics fully; rather, they have been planned to provide suggestions as to what can be taught within the limitations of the children's understanding. The format used in the sample lessons represents just one of several approaches that can be followed. Teachers and others who use this guide are urged to adopt a format that is conducive to their needs and which is easily followed by others involved in their own programs.

While much instruction in sex education will emanate from spontaneous expressions of pupils, the need to respond and interact immediately does not preclude organizing curriculum content around teaching strategies in the form of lesson plans. This approach offers the advantage of facilitating continuity as well as encouraging participation on the part of others involved in the program. In addition, if a program is based on detailed teaching plans, the curriculum takes a form which can be evaluated and improved.

Beyond specifying what is to be taught and how a particular skill, concept, or segment of information is to be presented, lesson plans should incorporate provisions for assessing pupil performance. The difficulty of evaluating social development, coupled with the intellectual deficits of the mentally retarded, limit available methods of evaluation. These limitations, however, do not preclude evaluation of pupil performance. On the contrary, they accentuate the need for paying particular attention to evaluation. Each lesson plan should include an indication of what the child should be able to do following the learning experience as well as some directives regarding how his performance might be evaluated.

In the sample lesson plans, use blank spaces in the left column, "Instructional Objectives," for your own notes. You may want to include additional objectives, remind yourself of strengths or weaknesses in the plan when teaching the lesson again, or indicate that certain concepts should be reviewed. You might also want to include references to individual children.

Centered under each lesson plan are suggested resources to use in planning and teaching the lesson.

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Sample Lesson I

MASTURBATION
SPECIAL CLASS SETTING

Background Information: Assume that you have observed a boy masturbating. Rather than restricting discussion specifically to this particular boy, you decide to focus on masturbation as part of the instructional program. During the interim you elect to help the boy by engaging him in more productive activities. The following lesson plan reflects how the subject might be approached. It does not constitute all of the content which should be included. You will probably want to develop a series of lesson plans to form a brief unit on the subject.

Scope of Lesson: Initiate discussion on masturbation with particular emphasis on clarifying what is normal and what is unhealthy.

INSTRUCTIONAL OBJECTIVES

To be able to discuss verbally the meaning of masturbation

TEACHING TIPS

It is important that the teacher determine what the pupils know about masturbation. You might begin by making a comment such as, "There are things we do which feel good but which we worry about because other people say that it is bad. This makes us uncomfortable. We don't know if the other people are right or if because it feels good that it is good. We may not know why we do it." The kids might mention nail biting, daydreaming, thumb sucking, etc. Pursue these briefly. Encourage self-expression. In focusing on masturbation ask the group if they have heard of "jacking off" or "masturbation."

Observe their response. Some will likely laugh, others may appear embarrassed. If you encourage discussion you might evoke responses such as, "It means playing with yourself, pulling it, beating your meat, jerking off," etc.

Street terms should be acknowledged but take advantage of these candid terms to offer a definition of *masturbation* such as, "It means rubbing your penis or vagina."

Point out that most people at some time in their lives do masturbate but they don't do it in public places in the presence of other people.

To be able to understand that masturbation is one form of sexual gratification or satisfaction.

Reasons for Masturbation

- excitement
- boredom
- nervousness
- stimulation

In discussing reasons for masturbation indicate that, while it is not bad to masturbate, we can find other things to do instead. It can also be pointed out that if we masturbate, we don't have to feel guilty about doing it, but there are inappropriate times and places for it.

In a discussion on attitudes and why people may want to masturbate, you might ask the school nurse to speak to your class if she feels comfortable talking about the subject.

RESOURCES FOR TEACHERS

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Sample Lesson II

PHYSICAL SEX DIFFERENCES
SPECIAL CLASS SETTING

Background Information: Assume that your school district is implementing a developmental sex education program. Your special class has been working on roles and identity. You are now preparing learning experiences in the area of physical sex differences. In contrast to the sample lesson plan on masturbation, this lesson stems from a structured curriculum rather than from a problem situation. The lesson plan shown below incorporates a review of previously taught concepts with the introduction of a new concept dealing with sexual differences of a physical nature.

Scope of Lesson: To review characteristics of males and females and to introduce the teaching of physical differences and appropriate terminology.

INSTRUCTIONAL OBJECTIVES

To be able to identify the physical differences between boys and girls as shown on pictures.

TEACHING TIPS

Begin by helping the children focus on themselves. Ask children to close their eyes and then have individuals describe themselves, while other youngsters guess who they are. Another approach would involve tracing a life size silhouette of each child on wrapping paper. Have the children color the silhouettes. They can serve as neutral vehicles for a beginning discussion on differences and likenesses.

Use leading questions to elicit responses from the pupils relative to the obvious differences:

size	clothes
shape	hair styles
color	glasses – no glasses
eyes	boys – girls

To be able to explain verbally the physical differences between boys and girls.

To be able to differentiate the meanings of penis and vagina.

Allow time for considerable discussion on obvious differences prior to considering physical sexual differences that are not usually observable in public situations.

Use commercial transparencies or prepare your own overlays utilizing transparencies that allow use of line drawings to add different features to the girl and boy figures. Begin with body shape, face, hair style, breast development, and genitalia.

Discuss normal differences. Keep the amount of information restricted to the children's level of understanding and focus on basic differences between penis and vagina. Relate these to street vocabularies which will be shared by the pupils. This lesson should be restricted to physical differences and should not go into the reproductive process.

An appropriate film might be used at this point and followed by discussion. Do not use films unless the class is prepared for them. Oftentimes the use of drawings on transparencies serves to prepare the class for films involving children their own age.

A climax to the lesson might involve developing an experience chart on which the teacher reports pupils' descriptions of the lesson. The chart can be illustrated and made part of the group's unit work in this area.

RESOURCES FOR TEACHERS

Hinton, Gertrude D. *Teaching Sex Education: A Guide for Teachers.* Palo Alto: Fearon Publishers, 1969.

Hudson, Margaret W. *All About Me: Boy's Book.* Lawrence: Special Education Instructional Materials Center, University of Kansas, 1966.

_____. *All About Me: Girl's Book.* Lawrence: Special Education Instructional Materials Center, University of Kansas, 1966.

Sex Information and Education Council of the United States. *Sexuality and Man.* New York: Charles Scribner's Sons, 1970.

Trenkle, Clare. *You.* Lawrence: Special Education Instructional Materials Center, University of Kansas, 1966.

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AN OVERVIEW: CURRICULUM CONCEPTS AND CONTENT

The curriculum section of this guide is divided into two major sections: *Curriculum Concepts* (left column); and *Comments, Content, and Activities* (right column).

Curriculum Concepts are presented in outline form and organized under the following headings:

I. *Awareness of Self* – becoming a boy; becoming a girl
II. *Physical Changes and Understanding of Self* – becoming a man; becoming a woman
III. *Peer Relationships* – boyfriends; girl friends; boy and girl friends
IV. *Responsibilities to Society as Men and Women*

In each curricular area, the content is presented in order of difficulty, with less difficult ideas appearing first to serve as a foundation upon which greater understanding can be built. Comments, content, and activities parallel curriculum concepts and are designed to help teachers organize various lessons and units by offering information in terms of why specific things should be taught (rationale or comments), what should be taught (content), and how to create student understanding through action (activities).

Curriculum Concepts

Concepts and content stressed in this guide differ somewhat from those presented in many guides on sex education developed for use with "normal" children in school settings. Regular school curricula provide students with a considerable amount of information through social studies and health education courses; therefore, sex education programs in public schools usually can focus more directly and specifically on sex related concepts and content. Since many educational programs for the mentally retarded do not deal directly or indirectly with many of these concepts, much of the background material that teachers of "normal" students may assume has already been taught must be built into sex education programs for the mentally retarded. The broad approach to sex education presented here is designed to encourage you to make your program meaningful for each child. To teach the mentally retarded effectively, instructors should couch new concepts within a context of familiar information or experiences. With many retarded children, it is imperative that teachers indicate in what places and at what times particular behavior is appropriate or inappropriate.

For purposes of clarification, a brief description of the four central areas of concentration follow:

Awareness of Self – becoming a boy; becoming a girl: content emphasizes the role of the individual in relation to his environment. A great deal of emphasis has been placed on identifying and recognizing parts of the body and on teaching their respective functions.

Physical Changes and Understanding of Self – becoming a man; becoming a woman: bodily changes which occur during puberty and early adolescence are stressed. Also considered in depth are emotional adjustments and interpersonal relationships. Students are introduced to such topics as menstruation, intercourse, pregnancy.

Peer Relationships – boyfriends; girl friends; boy and girl friends: emphasis is primarily on each individual's responsibilities to various groups with which he is associated and on the influence of peers on individual behavior and action. Also receiving attention are such important considerations as dating, masculine and feminine roles, and family relations.

Responsibilities to Society as Men and Women: contrasts and similarities between single life and married life are spotlighted. The focus is on contraception, financial responsibility, and family care in preparation for marriage.

Although each of the four curricular areas is presented as a continuum, there is considerable overlap in content among them. For example, much of the content in the area of self-awarness is applicable to the section on physical change and

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understanding of self. To make the best use of this guide you must become familiar with the scope and sequence within each of the four curricular areas. Then you will be able to formulate and develop a curriculum plan that best fits the needs of your particular class. If you are working with trainable retarded youngsters, you will find that some of the advanced concepts in each area are beyond them. However, beginning concepts in each area will be within the scope of comprehension of most trainable retarded. Each area is, in essence, a sequentially developed pattern; there are actually four such patterns comprising the curriculum section of this guide. Each begins at a basic level and progresses gradually in sequence to a more difficult level.

Comments, Content, and Activities

Materials in the right column are not designed to dictate teaching methodology. They are intended to set the stage for each concept through appropriate comments, to indicate content that teachers could include to create understanding of various concepts, and to suggest activities that will reinforce learning and understanding.

In general, activities are most applicable for the mildly retarded – the educable. However, activities can, in most instances, be modified for use with trainable and more severely retarded children. Activities are not described in detail. Rather, the reader is given sufficient information with respect to content so that he can modify activity suggestions presented and use his own imagination in creating activities to fit the needs of his particular group or class.

Occasionally, information is provided to clarify points for the reader. This information is preceded by the word, "COMMENT." These comments are designed to offer a rationale for a particular activity or to discuss the importance of selected concepts or content. Like activities, comments relate directly to concepts and content being considered.

Resource Materials

Because new materials are constantly appearing on the market, it would be premature and presumptuous to publish a restricted list of recommended materials at this time. However, the section on Resources (pp. 37-56) contains a list of materials that have been found to be useful in teaching mentally retarded children.

As is true of most materials, teachers must adapt them to individual classes or groups. This is particularly true in selecting materials for use with and by mentally retarded classes and individuals. *You are urged to review personally all materials before using them* with your class. You may find, for example, that only part of the material is appropriate for use with your children; that the visual portion of a film is suitable but that the narration must be rewritten because it is above the level of your students. Decisions as to whether or not certain materials are appropriate for use with individual classes should be left to the judgment of teachers and administrators who work with them. The listing of a particular resource does not constitute an endorsement.

To ease the teacher's task of identifying materials for possible use, suggested resources are listed by topic or area and level of difficulty. By studying the resource section (pp. 37-56) you will be able to select materials appropriate for your students.

Materials have been divided into the following categories:

Printed Materials
Films
Filmstrips
Transparencies
Slides
Charts
Records
Teaching Aids
Additional Background Materials

In addition, there is a list of organizations and agencies that produce materials for use in sex education programs for the retarded.

CURRICULUM CONCEPTS AND CONTENT

Curriculum concepts are presented sequentially in outline form. Comments, content, and activities are designed to help you conduct a sex education program in a manner that will help your retarded students develop understanding of major concepts.

Comments are intended to explain rationale; content to indicate what could be taught; activities to suggest approaches that will help students learn. You will find that activities presented will suggest other effective projects students can undertake.

Major curriculum areas covered in this *Guide* are:

I. *Awareness of Self* – becoming a boy; becoming a girl
II. *Physical Changes and Understanding of Self* – becoming a man; becoming a woman (related to puberty)
III. *Peer Relationships* – boy friends; girl friends; boy and girl friends
IV. *Responsibility to Society as Men and Women*

You will note that the comments and content in the right column appear in sentence and paragraph form; activities are sometimes presented in outline form as well as in sentence form. This is to make materials as easy to follow and as helpful to use as possible.

Blank spaces in the left column (Curriculum Concepts) should be used for your own notes about such things as strategies to use with your class or individual students, additions to the outline, new activities you'd like to try, especially effective or ineffective methods or approaches, comments about sequences and progressions, adaptations and modifications of existing materials, comments about listed and unlisted resources, and so on.

CURRICULUM CONCEPTS

1. AWARENESS OF SELF – becoming a boy – becoming a girl

A. Relating to the Environment
1. Responses of parents and siblings
2. Physical comfort – holding, feeling, bathing, changing
3. Emotional comfort – tolerance for behavior, warm response in spite of no response from infant
4. Sensory motor stimulation – playing, vocalization, kinesthetic, mobility
5. Spatial awareness

COMMENTS, CONTENT, ACTIVITIES

COMMENT: While it is unlikely that a very young child will be the responsibility of a person using this guide, it is important that early environmental influences on the child's later development be understood.

The physical contact of an infant with his mother or mother substitute, with his father, and with other family members greatly influences early emotional development. Affection shown a child during holding, feeding, bathing, and changing is important. If a retarded infant is placed in a residential facility, regional center, foster home, or day care center, the child's need for attention and physical contact with adults should be made known to those responsible for his welfare. In a residential setting, responsive staff members and volunteers might be asked to serve as baby-sitters to see that the infant receives sufficient constructive attention.

As an infant develops to toddler age, adults responsible for his development should introduce a variety of activities to stimulate every sensory avenue and to encourage motor responses. Some activities you might try include:

(a) Cradle gyms and mobiles made of colored discs, three dimensional objects that are easy to handle, and objects which vary in texture;
(b) Singing, music box, radio, phonograph records, taped music;
(c) Peek-a-boo, creepy-crawly, and similar games requiring physical contact;
(d) Finger plays performed for and with the child;
(e) Floor mat work to change positioning, increase mobility, and provide opportunity for physical contact with other children and adults;
(f) Soft toys to give reassurance and comfort.

Whether the environment is brought to the young or immobile child or he is moved to it, he needs to become familiar with objects around him and with the relationship between himself and things in the environment.

B. Recognizing parts of the body

1. Responds to direction involving naming body parts: mouth, eyes, ears, nose, hands, tummy, head, shoulders, knees, toes, arms, legs, fingers, elbows.

It is imperative that a young child learns to identify parts of his body. To accomplish this, you can use many activities. You might:

- Have children identify body parts using obstacle courses. Ask them to step over a knee-high object without touching; duck under an obstacle about two inches lower than shoulder height without touching it; squeeze through a narrow opening without touching it.
- Have children play action games such as Angels-in-the-Snow and Head-Shoulders-Knees and Toes for purposes of identifying parts of the body. This means they will have to move their limbs, both individually and in combination with other limbs, in response to demonstration or suggestion.

Recognizing body parts is also important as an introduction to learning the function of each part. When referring to the mouth, eyes, nose, and stomach, indicate what the part does. For example, eyes for seeing, mouth for eating, ears for hearing, etc. It is not important at this stage to undertake an in-depth orientation into body processes. However, the recognition of body parts will be more meaningful if function is also considered.

2. Indicates hand and other body parts in response to command. No concern for teaching function at this time.

While bathing a child, the person responsible for his welfare might call attention to parts of the body. "This is your hand, arm, foot, stomach." Records and singing games are helpful devices in teaching and reinforcing identification of parts of the body.

3. Tactile and kinesthetic stimulation

Play games with the child that require him to touch or otherwise identify body parts such as the foot, arms, face, or ears. Modify this procedure by having the child raise his hand or move his foot at your command. Reward the child for a good performance; positive reinforcement is a helpful motivating factor. If the child fails to respond appropriately, give him cues or clues prior to directly helping him make the correct response.

As the child improves in his ability to recognize parts of the body, introduce the use of such items as soap, wash cloths, and towels – explain their relationships to parts of the body.

It is more important that a young retarded child be prepared to perform body functions than it is for him to understand the biological aspects of bodily processes. The retarded child must be taught appropriate behavior long before he is capable of understanding the significance of any particular body function.

C. Identifying Body Processes

As the retarded child reaches a state of readiness for acquiring and assimilating additional information about his body processes, parents and teachers should try to capitalize on his increasing capacity to understand or his additional readiness. A child must learn to accept his bodily processes as natural and not as a cause of unpleasant feelings.

1. Eating

Provide instruction in getting ready to eat; try dramatic play in this situation. Give the child functional eating utensils of appropriate size for his use. Sustain the youngster's interest by using colorful knives, forks, and spoons or table decorations. Strive to achieve some independence in eating at every meal, even if this amounts to finger feeding or drinking from a straw. As independence develops, then slowly shift the emphasis to conversation and general behavior.

2. Sleeping

Focus on developing independence in the child as he prepares to go to sleep. To what extent does he undress himself completely at bedtime or take off his own shoes before napping? The routine for getting ready for bed should stress undressing and dressing, toileting, and getting ready for bed at a scheduled time. Activities might include using

lifesize dolls as well as working directly with individual children. Instruction in preparing for sleep is most effective when provided in conjunction with activities at bedtime or during nap periods. Music and other quiet activities often make this training more effective. Independence in preparing for sleep will come slowly for some retarded children, thus it is important to be aware of their frustrations and to maintain a pleasant atmosphere during training sessions. Simplified role playing or creative dramatics are effective training devices. Ask a child to act out being asleep, being still, or yawning, for example.

3. Elimination

Awareness of the body process of elimination is a preliminary to toilet training. Help the child recognize the relationship of bathroom facilities to the elimination processes. "Where is the bathroom?" and "Where is the stool?" are effective question games to use as part of this orientation. Be sure the bathroom is clearly identified. Since children may not be able to read even the simplest words at this stage, it is helpful to use illustrations or conspicuous symbols. Depending upon the situation in which the child lives or in which he receives his training, be sure to provide direction about the location of the bathroom from points where he spends a great deal of time. Frequent trips to the bathroom from various parts of the building is an important first step. This can be followed up by using arrows or tape lines.

D. Toilet Training

Teachers should be aware of the vocabulary typically used by children in their homes as a basis for introducing appropriate terminology.

1. Vocabulary

1. *Vocabulary.* Teachers should use correct terms – urinate, bowel movement (B.M.), go to the toilet, go to the bathroom. However, instructors should accept a child's terms, repeat each a second time, and then use correct terms so that the youngster will begin to associate his terms with the correct ones.

2. Association – dry, bathroom, stool

2. *Individualized activity.* Take a child to the bathroom at regular intervals during the day to facilitate his associating elimination with the use of bathroom facilities. In school, bathroom times are often regularly scheduled, but teachers soon learn which children assume responsibility for themselves; as soon as possible the teacher should transfer this responsibility to the children. The child should be praised for making progress as a form of reinforcement; however, the praise should take the form of encouragement for the activity and not that of a value judgment of the child. It's better to say: "That's fine – that's good" rather than "That's a good boy." In situations where toilet training is not successful teachers must determine why the child is not becoming toilet trained. Some possible causes and approaches include:

3. Schedule – reinforcement

a. Very low ability – Conditioning program, plus timed schedule, plus rewards for success may help.

b. Emotional problems – hostility and lack of control, generally accompanied by other negativistic behavior. Indirect treatment – find ways to let child achieve and be self-directive; appreciate his areas of skill; give as few direct commands (providing chance for refusals) as possible; handle toilet accidents factually and not emotionally: "Pretty soon you'll be big enough not to wet at all."

c. Retarded children are often slower in physical development than other children of similar age: approach as with younger child; schedule frequent trips to the bathroom; get out of diapers; make use of group pressure.

d. Severely retarded children often have physical difficulties which contribute to toileting problems; thus, a medical exam may be necessary to rule out physical factors, such as small bladders and other developmental deviations. When children have such problems, teachers will have to allow additional trips to the bathroom so that children will be comfortable and encouraged to relieve themselves as necessary.

e. It is particularly important that a child not develop the impression that the area between his or her legs is "dirty," or be made to feel guilty about elimination. Such feelings can lead to associating growing sexual feelings with guilt and punishment.

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4. Management of clothing

3. *Management of clothing.* At this stage, boys, particularly, may find it difficult to manage clothing when using the toilet. One way of avoiding frustration is to ask parents to provide clothing that does not have snaps, zippers, and buttons. Many school age trainable and educable retardates need help because of poor motor coordination. Provide help as needed, but work to increase each child's independence.

a. *Role of parents in providing suitable clothing.* Parents should be made aware of the importance of sending their children to school – or providing them – with clothing that is easy to fasten. Parents should be told, for example, that elastic waist bands are better than gripper snaps. They should be encouraged to provide clothing that is large enough for children to handle without the difficulty caused by tight-fitting garments. Extra clothing for each child should be available.

b. *Sequence.* While this may vary depending upon the age and ability of children, teachers might undertake a series that goes something like this: pull down or unzip; pull down underpants; pull up underpants; pull up outer pants; adjust shirt. Teachers should apply behavior modification techniques (operant conditioning) if they use the sequence at all.

Depending on the ability and age of the child, questions such as the following may be posed by any child:

- What is this (pointing to penis)?
- Why do I have to stand?
- Why does Sally sit down?

Answer the child in terms he can understand – vocabulary development is a part of toilet training. The child relies upon adults and older children to supply him with models for vocabulary development. While it is advantageous for the child to initiate discussion of vocabulary through questions, comments, and/or actions, it may be necessary for you to initiate discussion to help the child build associations.

Vocabulary words might include:

stool	bathroom
penis	trousers
pants	zippers

E. Identifying body parts

1. Appropriate use of names of body parts

Mouth	*Back*
Eyes	*Fingers*
Hair	*Knees*
Ears	*Toes*
Nose	*Abdomen*
Hands	*Stomach*
Legs	*Navel*
Neck	*Breasts*
Head	*Buttocks*
Shoulders	*Penis*

In addition to stressing vocabulary in the framework of preparing for and using the toilet, concentrate on helping the child generalize his use of vocabulary words to other settings. Some ways of accomplishing this are to:

- Look at and discuss pictures in groups.
- Draw pictures.
- Play games in which children point to parts of the body named by the teacher. Move from variation to generalization, pointing to body parts on another child; combine with language, such as teaching pronouns – my, your, his, her.
- Have children complete incomplete pictures as an individual or group activity.
- Move from drawn figures to clay models or painted figures.
- Introduce songs, especially those combined with activity and action: "Touch your elbow, touch your toes."
- Use human models complete with body parts to help develop vocabulary as well as to help develop awareness of joints, muscles, and movement.

F. Independent care of body needs

1. Hygenic care

a. Wipe nose

b. Wash hands

1. *Hygenic care.*

a. *Wipe nose.* Progress from doing for the child, to helping him do it, to his assuming the full responsibility. Have tissues readily available in classroom; teach the child from the beginning to throw used tissues in wastebasket rather than hand them back to adult.

b. *Wash hands.* Combine demonstration and help with verbalization: "First we wet them, then we soap them, then we rub them together, then we rinse them, then we dry them." Have child perform under your direction and reward him with praise. Have one child

teach or help another child. Have child take over completely.

c. Wash face

c. *Wash face.* Watch out for soap in the eyes; help child wring out face cloth. First parent or teacher performs, then child with help, then child with supervision, then child on his own. Use a mirror to help child look at himself; include group inspections.

d. Bathing

d. *Bathing.* Generally home taught; supervision usually must continue longer than anticipated. It takes a great deal of time to establish habits. Pleasant associations are important – bubble bath, bathtub toys. Call child's attention to parts of his body he can't readily see. Establish a routine order of washing – face, neck, right arm, left arm, front, back, etc.

e. Brush teeth

e. *Brush teeth.* Again, generally home taught. Parent or teacher does it, accompanied by explanation; child does with help; child does with supervision; child does alone. Adult may need to help spread toothpaste.

f. Wiping

f. *Wiping.* A slow process to learn. Parents, perhaps more concerned with cleanliness than with child's learning, continue to do this for the child too long. Use soft toilet paper; teacher or parent does wiping; child starts – teacher finishes; child responsible for entire process – teacher checks; child assumes entire responsibility.

2. Clothing

2. *Clothing.*

a. Emphasize the importance of appearance. Teachers must be aware of the impact that clean clothes and a neat appearance have on self-respect. It is important that the child be provided with well fitting clothes.

b. Principles of selection: large enough, easy fasteners, big buttons.

c. Process: doing for, to helping, to supervising, to complete independence.

d. Use all possible cues and aids: teach child to look for label on collar of sweater or shirt; lay clothing out in right position for child to put on; hold front of jacket; teach child to line up shoes. Shoe tying is a very late skill; general independence often can be advanced by supplying shoes that don't tie. Large boots are helpful and plastic bags are useful devices to help student in handling overshoes.

G. Knowledge of body parts as related to body images as opposed to merely recognizing body parts

In previous sections (I-B, p. 20; I-E, p. 22) emphasis was on teaching a child to recognize parts of his body – little or no attention was given to functions of body parts in body processes. At this stage, teachers should help the child develop healthy attitudes toward his body by giving him opportunities to participate in physical activities that are within his capabilities and interest. Teachers can help retarded children get the greatest possible benefits from physical activities by concentrating on giving directions carefully and by judiciously selecting or modifying activities. Physical activities provide healthy experiences for retarded children, and much can be gained from them in the area of social development. Through them the child can learn that he is capable of accomplishing much by himself; he also learns to see himself as part of a group.

H. Verbalizing feelings and sensations – inference is made here to body orientation and response to environmental factors, not sexual stimulation.

This area of the curriculum is designed to reinforce the child's awareness of himself. Responses to gross stimulation are suggested relative to the child's understanding relationships of tactile stimulation to parts of the body. Such activities should not be interpreted as referring to sexual stimulation; emphasis is on responses of the child to tactile stimulation of such body parts as the knee, foot, elbow, neck, face, etc. Have students identify parts of the body using tactile stimulation – the teacher can blindfold a child and touch him; the child may respond verbally, or remove the blinder and touch the next child in the same spot. To verbalize gross stimulation, have the child tell how "it feels" and where "it feels." Have students identify body movements of the teacher or other students. Students should parallel the laterality of the teacher, for example, moving the right hand or arm when the teacher does.

I. Awareness of self in relation to others

COMMENT: In contrast to later emphasis that will be placed on the social role of the child in the family, focus at this stage should be on helping a youngster view himself as a

member of the family. Situations in which a particular group of retarded children live will determine the best approaches to take in helping a retarded child participate more effectively as a family and group member. Children living in residential facilities require different information in order to understand their roles as family members than children living in more natural family situations. This is not to imply that there are no differences among families of children living in the community who attend special classes.

1. Family member

Teachers should familiarize themselves with family backgrounds of their pupils. They need to know the general economic condition of the family, the structure of the family – whether the father lives with the family, whether he travels a lot, and whether the retarded child is loved and accepted by the family. To teach children the basic makeup of a family, use pictures, slides, or transparencies illustrating parents, brothers, and sisters. You might also use a flannel board to stimulate discussions about families and their male and female members; actual pictures with flannel or sandpaper on the back sides can be used as illustrations. Since different family structures will be represented by students, care should be taken not to stereotype a family as having a father, mother, and three children. To indicate differences in individual families, select pictures that represent different family structures, varied sexes among brothers and sisters, and different ethnic groups. In addition, you may want to show a picture of a family without a father. Emphasize the child's membership in the family unit and stress his relationship to older and younger brothers and sisters as well as to parents and parent substitutes.

If you know the family of one of your pupils quite well, it would be advantageous to invite them to attend one or two class sessions; you could then have a discussion centering around the role of each member of the family. If the class is small, you might invite each member to meet your family in your home. This experience is designed to focus discussion on a neutral family not previously known by members of the class. The important concept here is to have the child see himself as part of his family and to understand that families differ in their makeup. No effort should be made to compare the child's family with the teacher's.

2. Group Member

Discussion of the child's role in groups other than the family should initially pertain to neighborhood or play groups. Avoid reference to groups sponsored by organizations in which retarded children have no knowledge or to which they do not belong. As an introductory activity, you might ask children to tell who they play with after school. Direct discussions to the give-and-take that exists among small play groups – or groups of different boy-girl composition. To help retarded children realize that they frequently are part of groups and that each has a contribution to make to group efforts, you might point to such things as team games at school or assignments to teams for physical education and recreation purposes.

COMMENT: This section is an introduction to sections which deal more specifically with social role of children in the family and extended family. This section should be used to prepare children for later sections.

J. Awareness of emotional self and basic needs for:

1. Security
2. Social approval
3. Belonging and acceptance
4. Self-esteem
5. Achievement
6. Affection
7. Independence

COMMENT: Curriculum content related to basic needs is included as a reminder for teachers and not as subject matter to be taught. Mentally retarded children often come from home environments that are not conducive to developing feelings of security, belonging, and self-esteem. The nature of their limitations also complicates this area of development for retarded children. Because they spend a considerable amount of time in school, much can be done to develop each child's concept of himself and to fulfill some of his basic needs. The total curriculum should reflect a consideration of these needs. Each child should have opportunities to gain social approval and to participate in situations in which he can achieve success. One problem that contributes to the retarded child's negative view of himself is that he is often placed in situations in which he can't

	compete or he is assigned tasks beyond his capabilities and comprehension. Teachers should design experiences that are relevant and in which each child can be successful. Creative dramatic play is one activity that teachers can use to promote feelings of belonging, acceptance, social approval, and independence. Situations can be structured and roles assigned to students; observers can then react to how well the students play their roles. Teachers should be aware of the values of role playing; they should also be sensitive to the jealousies of children. If a child is upset when assuming or watching a particular role, the teacher should stop the activity as quickly as possible.
K. Awareness of self as a person capable of influencing others	Retarded children, particularly, are often unaware that they can and do influence actions of others. Coaxing is a good example of young behavior which influences other people. During play activities, teachers should be alert for examples of a child influencing another child's choice of teammates. Role playing and creative dramatics, as well as stories and films, can be used to set the stage for discussions in this area.

CURRICULUM CONCEPTS	COMMENTS, CONTENT, ACTIVITIES
II. PHYSICAL CHANGES AND UNDERSTANDING OF SELF – becoming a man; becoming a woman	COMMENT: Sections A, B, and C are introductory in nature and are designed to prepare a child for physical changes that he will encounter during puberty and adolescence. Concepts and information in Sections D, E, and F, touch on the same areas; however, the focus is on the implications of changes as they take place. Instruction at this stage should coincide with changes. Generally, there is a tendency to dwell mainly on the biological aspects of physical changes in puberty and adolescence – teachers and others who use this guide are urged to devote considerable time to behavioral and emotional aspects. While the retarded need to be prepared for physical changes, they also need help in coping with changes that will occur in relationships with their peers as a result of these physical changes. The child who matures physically either early or late may develop emotional problems. In such cases, the child's needs may include counseling or temporary placement in another group with children at about the same level of development. This is done to accommodate the needs of the individual child rather than alter instruction for the whole group.
A. Sexual differences – physical – external *1. Boys* • *Genitals* • *Penis* • *Testes* • *Scrotum* • *Rectum* *(Associate with slang expressions)*	Preschool educable mentally retarded children will possess some knowledge of sexual differences between boys and girls. However, they will lack understanding and probably will not possess a sufficient vocabulary in this area. Their knowledge of sexual differences will likely be clouded with attitudes which may or may not be based on realistic information. Again, you are urged to identify and value the vocabulary each child brings with him to school. While your objective is to teach the child a more appropriate vocabulary, rapport is essential to changing behavior; to admonish use of street terms is to risk a break in rapport with the child. Acknowledge the use of street terms by incorporating them in discussions while working on developing a more appropriate selection of terms. Appropriate teaching activities include use of pictures showing fully clothed boys and girls of similar age to the group receiving instruction. Ask the class to indicate differences they see between boys and girls. Responses will probably be similar to the following: • "The girls are wearing dresses and the boys are wearing shirts and pants or trousers." • "The girls are wearing their hair longer – or have ribbons in their hair." • "The girls are taller than the boys." Direct the girls' attention to their classmates in an attempt to confirm observed differences. Extend discussions to include generalization of identified differences between boys and
2. Girls • *Breasts* • *Vulva* • *Labia* • *Vagina* • *Uretha* • *Rectum* *(Associate with slang expressions)*	

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B. Identification with like sex and understanding of opposite sex

Boys	*Girls*
1. Activities	*1. Activities*
• *Toys*	• *Toys*
• *Sports*	• *Sports*
2. Dress	*2. Dress*
• *Clothing*	• *Clothing*
• *Haircuts*	• *Hair-Styles*

3. Interpersonal relationships with parent or parent substitute of like sex

4. Traditional masculine or feminine work

5. Expectations
- *School*
- *Public*

C. Social role of child
1. In the family

girls to adult males and females. Use the principal, parents, other teachers, and custodians as examples.

Since some children in the class will know about physical differences, begin this discussion by asking the class if there are differences between boys and girls which cannot be seen in the pictures. Use the children's responses to lead into an illustrated presentation on physical differences. Transparencies and overlays depicting physical differences, as well as 2 x 2 slides, are available. Projected images are better than individual pictures because the attention of all children can be directed to the same image and explanations therefore enhanced.

Lessons of this type must be repeated periodically; however, the context in which the discussion is covered should be varied. While extraneous comments from students should not be consistently ignored, teachers must maintain some control over the direction of discussions. In talking about physical differences such as breast development, genitals, and pubic hair, emphasis should initially be on awareness of differences with less concern for proper terminology. The latter becomes the focus of attention after awareness of differences is established.

COMMENT: While retarded children living and attending school in the community will have considerable contact with adult members of both sexes, retarded youngsters who live in residential facilities may not have contact with both men and women. In such situations, teachers and administrators should make a special effort to give retarded boys and girls opportunities to interact with adults of both sexes. Too often, ward attendants, recreation workers, and teachers of young children are women. Under these circumstances, it is difficult for boys to identify with the like sex.

Activities that help a child identify with members of the same sex should be incorporated into the child's daily acitivites and should not be reserved for classroom instruction. Play-time should be structured so that boys and girls have opportunities to take part in activities appropriate for their own sex. Films, pictures, slides, and news clippings are helpful devices to use in stimulating discussions on the kinds of sports and games that boys and men enjoy in contrast to those preferred by girls and women. The sports pages of local newspapers provide a good resource for contrasting the sports interests of both sexes.

A field trip to a department store can prove helpful in developing an awareness of difference in dress – be sure to select a store that has departments for both children and adults. Most stores display a variety of dressed mannequins. The trip to and from the store can be used to observe differences in the dress of people on the street.

Use a series of slides to illustrate men and women performing traditionally accepted masculine and feminine tasks such as carpentry, driving a truck, plumbing, nursing, baby-sitting, secretarial work. For older children the want ads section of a local newspaper can serve as an excellent source for discussing masculine and feminine jobs. Some newspapers carry ads pertaining to employment opportunities by sex.

COMMENT: In Section I - I (p. 24) emphasis was on the child as a member of the family or group. At this stage attention shifts to social roles of the child and in-depth study of family responsibilities. Focus remains on the child, but he is introduced to family type responsibilities which later will be a major area of study. Emphasis placed on the extended family will vary depending upon the community. If children come from areas where it is common to find grandparents, uncles, aunts, and cousins living together, then more attention should be given to this topic. However, if children come from urban communities where this situation is not too prevalent or if they live in residential settings which preclude family living, the topic may not warrant as much emphasis.

- *Family composition – sizes, types*

- *Purposes of family group – protection, security*

Films, flannel board presentations, photographs, and slides can be used to review the makeup of the family. Follow-up activities might center on the family and home as a point of departure in terms of the purposes of the family unit. Teachers should emphasize the values of living together as a unit and stress the responsibilities of each member. The role of the mother and father in the home can be developed as an outgrowth of discussions on sex differences and masculine and feminine roles. In talking about the father as the family provider, teachers must be careful to recognize varying family structures – some students may come from families where the father does not live at home, while others may come from families in which the mother also works.

Teachers can use puppets to introduce masculine and feminine work responsibilities in the home – a puppet family might prove to be an effective instructional tool. Teachers may also find that short stories illustrating the mother's and father's roles in terms of work responsibilities in the home can be helpful.

- *Parent-child relationships*

Assign small groups of children tasks which require that they work together and help each other. After each group has completed its task, review activities in terms of cooperation and group interaction. Ask leading questions to help students see relationships of structured situations in which classmates help each other and share home responsibilities with parents and siblings; most children will be able to relate these two experiences. Be selective in examples you choose from their comments to serve as illustrations. Spontaneous dramatic play can be very effective in helping children recognize the importance of their contributions to the family when they assume responsibility.

- *Sibling relationships*

With older children, you can develop a bulletin board to depict many jobs which must be completed everyday in a home in which six or seven people reside. Emphasize the difficulty of the mother's burden if she has to do all the work; stress the importance of division of labor among family members. Throughout discussion make subtle references to the authoritative role of parents; this should be handled from the perspective of their responsibilities rather than casting them as primarily authoritative figures. Reference to the parent's role in caring for young children, paying bills, buying clothes, and fulfilling similar responsibilities will help build the concept of authority. Reasons for requiring parental permission for students to go on field trips could be considered in this context.

2. Beyond family

- *Extended family*

Many children have little contact with grandparents, whereas others have grandparents, uncles, and/or aunts living with them. Thus, the extended family should be considered in several ways – one approach would be to use pictures of a family representing relatives who live some distance away. A story pertaining to a trip or a visit from them might be used to initiate discussion. The same technique or the use of puppets might be used to introduce the extended family as a single unit living together.

- *Peers – other retarded as well as "normal"*

- *Other adults*

The child's role in the extended family might be couched in his relationship to adults. This does not have to be taught within the context of a particular lesson, as the emphasis on child-adult associations should be integrated into school activities as opportunities arise. The child's relationship to parents, grandparents, uncles, aunts, and cousins can be incorporated in discussions of roles. However, an understanding of the relationship should be repeatedly referred to in later instruction.

- *Organized activities*

COMMENT: It is natural for children to compare themselves with others – many youngsters wish they were more like someone else. This section is designed to acquaint the child with the many differences among people and to help him to understand and accept himself more positively in relation to observed differences. Teachers must pay particular attention not to place value on specific features such as size or looks. Physical features of most children resemble those of their parents and are not subject to change. However, there are often intergeneration gaps so this last statement is not always true.

D. Awareness of individual differences

1. Physical
- *Height*
- *Weight*
- *Size*
- *Appearance*

2. Behavioral
- *Attitudes*

3. Family likenesses
- *Family growth and development patterns*
- *Appearance*

Make a chart of the heights and weights of individual class members – use it to illustrate differences in sizes of boys and girls of the same age. Two students who are somewhat larger or smaller than others can be compared to other members of their families, including their parents.

Individual differences reflected in attitudes and beliefs are more difficult to examine. While your objective is to help students become aware of differences exhibited by peers and others, you are also concerned with guiding children in the proper selection of models. In most classes, some children are rejected or merely tolerated by their peers because of personality characteristics. One approach is to have students describe the type of persons with whom they would like to work or play; use these descriptions as examples of positive characteristics. The same technique, too, can be used to identify characteristics disliked by children. Depending on the maturity of the group, the teacher may introduce the topic of moods or the influence of fatigue on personality. The teacher should make every effort to show that all of us are different and that not all children should behave the same way. The instructor will have to help children understand that the same characteristics can be possessed in different ways. Creative dramatic play is an effective tool to use in illustrating personality differences.

Obtain pictures of brothers, sisters, and parents of the children; arrange pictures on a bulletin board so that children can identify family relationships. This activity can be used to stimulate discussion about likenesses among family members. Point out that some families have many short and small members and other families have many tall and large members, but there are variations within each generation and between generations in families.

Use pets and plants to demonstrate the origin of life. The purposes of these activities are to establish the concept that living things reproduce and to offer the child a frame of reference for later discussion – do not generalize from animals or plants to humans.

E. Preparation for changes in self

1. Origin of life

2. Understanding growth – puberty changes

a. Pubertal changes in boys
- *Broadening of shoulders*
- *Growth of hair*
  - *Face*
  - *Pubic area*
  - *Arm pits*
- *Skin*
- *Later growth spurts*
- *Muscular development*
- *Change in voice pitch*
- *Development of reproductive system*

b. Pubertal changes in girls
- *Changes occur earlier than in boys*
- *Breast development*
- *Growth of hair*
  - *Pubic area*
  - *Arm pits*
- *Broadening of hips*
- *Skin*
- *Change in voice pitch*

COMMENT: Uninformed youth often respond to body changes with alarm – it is particularly important that retarded children be prepared for these changes. Transparencies designed for use with overhead projectors can be effectively utilized to show changes in physical development. Retarded children may be confused and expect changes to take place rapidly. Teachers should strive to see that children understand that changes in physical development and growth are gradual.

Teachers can demonstrate the process of growth and development by inviting boys and girls of different ages to come into the class; they can be measured and the measurements then recorded on a chart or plotted on a graph to illustrate natural growth patterns.

While it is helpful to prepare retarded boys and girls in advance for changes that will occur in puberty, it is not realistic to expect them to understand fully reasons for the changes. It is also unrealistic to assume that you can prepare them in advance to anticipate forthcoming changes. Nevertheless, it is important to help retarded boys and girls realize that changes will take place within them during this period of their lives and that these changes are natural. Teachers should be alert for signs of development so that instruction can be planned to coincide with changes as they occur. For example, there is little value in discussing with retarded youngsters the care of skin in terms of acne until acne begins to occur among some members of the class.

COMMENT: In general, instruction about the reproductive system and the biological and emotional development of male and female can be carried on in mixed groups in co-educational schools as is done in biology classes. However, general group discussions can be followed by small group discussions for boys or girls to offer full opportunity for questions. For example, girls and boys should be separated for discussions about menstruation – although boys should also learn something about this natural process. Teachers will have

- *Development of reproductive system*
- *Menstruation*

to rely to a great extent upon films and other audiovisual aids when teaching about the reproductive system. All films and visual aids should be reviewed in advance to be sure they relate to immediate needs and are not too complicated for the retarded. Emphasis on reproductive organs at this stage is to prepare students for the study of reproduction which appears in Section II-I, (p. 30). Before proceeding, it may be necessary to review Section I-E, (p. 22), which deals with body parts; teachers should pay particular attention to the genitalia area. If children live in a residential setting, this instruction may have to take place sooner because of dormitory living conditions. Most young people will use slang terms when referring to the penis, scrotum, vagina, breasts, and other parts of the reproductive system. These terms should be acknowledged and not condemned. Your use of the correct terms will encourage the children to use them.

Secondary sexual characteristics should be discussed openly. This practice should be continued when talking about pubertal changes that are, or soon will be, experienced by members of the group. These include menstruation for girls and nocturnal emissions for boys.

Many boys experience erections, nocturnal emissions, and masturbation – take the time to explain these happenings to the boys in your group. Answer questions fully and encourage the children to discuss their problems with you – it is important not to develop guilt feelings among children.

Girls require accurate information on menstruation – a retarded girl's first period can be a traumatic experience. It is imperative that you tell her what to expect and give her some instruction on the use of sanitary napkins as well as some general health care tips. Help girls estimate the beginning date of their periods by using a calendar. Make up a kit of materials consisting of sanitary napkins, a sanitary belt, deodorant powder, panties with protective crotch, and a box of Bidettes, specially treated cloth to cleanse and deodorize the outer vaginal area. Take the time to teach the girls how to moisten a wad of toilet paper, cleanse themselves, and dispose of the paper in the toilet. Demonstrate the proper way to dispose of soiled napkins – roll them and wrap them in toilet paper and then dispose of them in containers provided near toilets. A number of good films and visual aids on some of these topics are listed in the resource section of this guide; review them carefully and select those that are best suited for your students.

F. Acceptance of changes

1. *Observes changes in others*
2. *Compares self with others*
3. *Has ego strength to accept his status*

While children are conscious of physical changes in others, they are less cognizant of change with respect to maturity. Clothing that is too small, increased skill in play due to size, and the relative height of pupils to peers and teachers serve as indicators of physical changes in self and others. To enhance children's awareness of general changes in others, pose some of the following questions during discussion periods:

- What kinds of games do very small children like to play? Show the children pictures of toddlers.
- What kinds of games do boys and girls like to play when they are old enough to start school?
- What games and other activities do boys and girls your age like to play? What kinds of places do you like to visit?
- What do your older brothers and sisters do in their free time? What kinds of work do older boys and girls do?

G. Changes in relationships and social expectations

1. *Changed roles*
2. *Increased responsibilities*

Emphasize changes that occur in interests and activities as children grow older; point out the additional responsibilities given to them. Depending on the abilities of your students, ask small groups to make lists of things they like to do. Also have children individually identify activities which some youngsters enjoy but which others do not.

H. Emotional responses to the opposite sex

The mentally retarded, like other youngsters, develop feelings for the opposite sex; they are also stimulated by pictures, sexy talk, and physical contact. Many mildly retarded come

from home situations in which they have observed sexual intercourse, often due to crowded living conditions. While nonretarded youth encounter difficulty in selecting appropriate outlets for their responses, the retarded have even more difficulty because they do not usually understand why they are being stimulated, or how they can relieve tensions in an acceptable manner. The retarded need guidance in the area of leisure time activities.

I. Conception, contraception and sterilization

COMMENT: While the timing of instruction related to conception is important, it is difficult to determine when it should begin for a specific group. Each class of students – every individual – varies with respect to readiness for such instruction. Class work can be related to such topics as "how you came into the world," to biology, or to planned parenthood. Some students may have experienced intercourse at a young age and be quite knowledgeable about the sex act. Others will not only be unfamiliar with the reproductive process but because of their retardation may actually have been given incorrect information by their parents – or they may have received misinformation from their peers. It will be difficult to teach some retarded to understand the concept of pregnancy as a consequence of intercourse. Stress that a child needs a family which is provided by marriage. Explain that children should be a matter of choice and related to responsibility – that sex relations are an important part of marriage. Since mentally retarded children have difficulty in retaining and transferring what they learn, it is difficult to teach them something one day for use at a later time. Detailed teaching and counseling on such topics as family planning, contraception, and care during pregnancy should be postponed and provided at the time of marriage or when circumstances warrant or require such instruction.

1. Reproductive purposes
2. Review of male and female reproductive organs and their functions
3. Acts of intercourse and existence of continence
4. Contraception
5. Social Implications

Considerations To Keep in Mind When Planning Activities

1. Students' background information varies.
2. Mentally retarded, like nonretarded children, develop interest in sexual activities and have sexual feelings.
3. Many mentally retarded are not able to understand overly technical terms.
4. Most students possess a strong vocabulary, which for them is a means of communication. Use slang as a point of departure in working toward use of appropriate basic terms.
5. Retarded youth are generally less inhibited than their contemporaries in regular classes; thus, with some encouragement, they should enter into discussions quite readily.

J. Limitation of conception
1. Contraception
2. Sterilization
3. Abortion

A number of films, transparencies, and slides on these topics are listed in the resource section of this guide – review all materials before using them. Discuss with the children what they can expect to see and hear in audiovisual presentations; never show a film or slides without providing time for discussion and question/answer sessions. Many films and slides, while very applicable for the retarded in the areas of conception and sexual relations, tend to overemphasize biological functions. This information is important but social implications, as discussed in Section IV-B (p. 35), are equally important, particularly for the retarded. When using charts, make every effort to keep them simple and within the comprehension of your students. You may have to modify some materials to eliminate a great deal of the technical terminology. When discussing charts – or explaining them – use slang expressions, if necessary, to help students understand them, but use the correct terms on the charts themselves. The public health nurse will probably prove to be a helpful resource person.

K. Pregnancy
1. Selecting a doctor
2. Following doctor's directions

COMMENT: Minimal instruction should be given regarding the development of a fetus and health practices during pregnancy – this instruction should coincide with pregnancy. The main idea is to develop an awareness of the importance of medical care during pregnancy. Many retarded youngsters know a case worker or public health nurse; they should be encouraged to seek the guidance of these people.

	Girls should receive instruction on the early signs of pregnancy; they should learn the importance of going to a doctor as soon as possible. Some girls will know a doctor, others may not. The school or public health nurse should be invited to the class to discuss the importance of medical care and to give students some idea of what to expect during their first visit to a doctor. You might invite an obstetrician to speak to the class, to answer questions, and to help the girls gain confidence in a doctor. You should plan some lessons on the importance of medical care to a family. If a girl and her husband select a family physician early in their marriage, they can obtain much help and guidance from him. This will help to assure that the girl will go to the doctor early in her pregnancy.
3. Bodily changes in the mother *4. Growth of the fetus*	While you can stress the importance of following the doctor's directions, this will not be as evident until pregnancy occurs. The same applies to bodily changes. However in the latter case, you can have students observe pregnant women or look at illustrations to see changes that occur.
L. Childbirth *1. Types of delivery* • *Natural* • *Caesarean* *2. Multiple Births* *3. Postnatal*	COMMENT: This area of instruction should be planned for orientation purposes only; in-depth information should be provided at the time of pregnancy. The same rationale noted in Part II-I (p. 30) relating to medical care applies here also. The school or public health nurse can play a major role in this area of instruction.
M. Informational area *1. Masturbation*	COMMENT: It is often difficult for retarded students to understand these important areas. To be sure that students understand discussions of masturbation, you should clearly define it; you should also stress that at some time or other almost everybody masturbates. The many fallacies about masturbation should be clarified for students, teachers, and adults in contact care positions. (See Sample Lesson I, p. 14)
2. Sexual Deviates • *Homosexuals* • *Indecent Exposure* *3. Venereal disease* • *Cause* • *How spread* • *Treatment*	Information on topics such as sexual deviation and venereal disease should be provided for protective purposes. Although films, transparencies, and slides are available, much instruction will be provided through class discussions. This is particularly true of homosexuality. If there are state laws about homosexuality, you should discuss them with your retarded students and adults who work with them. Instruction on venereal disease should be focused on how it is contracted, symptoms, general dangers they present to health, and the necessity of seeing a doctor. Students may not understand technical names of diseases, but they can understand symptoms and their relationship to discomfort, poor health, and harm to others. Films will be very helpful in this aspect of the program. Again, as noted in the section on pregnancy, Section II-K (p. 30), the importance of seeing a doctor periodically and observing good health practices should be stressed.

CURRICULUM CONCEPTS	COMMENTS, CONTENT, ACTIVITIES
III. PEER GROUP RELATIONSHIPS	COMMENT: The dual status of the mentally retarded makes it difficult for them to develop good peer relationships. In many situations, such as the classroom, their peers are also retarded, but in the home and in their own neighborhoods, their peers are nonretarded children of the same age – or slightly younger or older. Reaction and response of other children and adults to the retarded greatly influence their development of social skills. Teachers should be aware of cruel situations retarded children face and should take steps to help them adjust to these difficulties.
A. Development of self-respect *1. Success in achievement* *2. Attention to appearance* *3. Privacy* • *Personal privacy* • *Confidentiality of personal information* *4. Self-control*	

5. *Acceptance of responsibility*
6. *Poise*

B. *Respect for others*
   1. *Property rights*
   2. *Privacy*
   3. *Opinions*
   4. *Feelings*

While the suggested curriculum content may appear to be redundant, it is vital that concepts such as respect for others, property rights, and group relationships be stressed repeatedly. This is important at an early age – 6 to 7 – as well as in early adolescence.

A child does not develop self-respect as a result of participating in a particular unit of instruction. He develops this feeling as a result of an instructor's teaching methods and techniques and his own experiences in and out of school over a long period of time.

One way teachers can help retarded children develop confidence and self-respect is to assign tasks that each youngster is capable of completing successfully. Retarded children need to experience success as well as to be challenged in their work. A child's achievements, large or small, should not go unnoticed – each one needs reinforcement and praise in order to develop prestige and status in his own eyes.

Teachers should capitalize on existing situations – teachable moments – to help children understand when behavior is appropriate and when it is not. In many situations, a teacher is often more successful in providing guidance about student behavior when he works on a personal basis, rather than in group situations.

Take the children on a field trip, on a walk. Start the field trip in the classroom, move to the playground, then to a nearby residential area, and finally, if possible, past a local business establishment. Have the children identify different types of property and indicate the probable owner of each. After returning to the classroom, start discussions in which children talk about their own personal property and that of their friends and neighbors. You might use your own purse or wallet as a example of private property belonging to someone other then the children.

Use role playing or dramatic play to illustrate positive and negative ways of expressing opinions. Impress children with the fact that it is natural to have strong feelings about other people and the things they do; point out that everyone has likes and dislikes.

C. *Peer expectations*
   1. *Influence of individuals*
   2. *Influence of groups*
   3. *Behavior of friends*

To illustrate the influence that one individual can have on another, consider using puppets. Don't limit these illustrations to negative situations in which resultant or contemplated behavior is bad or socially unacceptable. Use some positive examples where one child or puppet persuades another to do something good or talks him out of doing something which is not socially desirable – follow up with appropriate discussions and/or question-answer sessions.

Ask the children to tell you about their friends. Follow up by asking questions that require them to think about things their friends do for them and things they do for their friends.

D. *Responsibilities to groups*
   1. *Using groups for support*
   2. *Using groups as challenges*
   3. *Need for success in groups*
   4. *Concern for the good of groups*

Team sports are excellent activities to impress children of their responsibilities to a group. Schedule team activities on the playground, in the gymnasium, and in the classroom. Vary activities so that each child experiences success as a member of a team. Many children are not good athletes but they might excel in other organized team activities or cooperative living experiences in which athletic ability is not required.

E. *Prelude to group relations*
   1. *Courtesy*
   2. *Thoughtfulness*
   3. *Values of the rights of individuals*

Show how people can affect one another's feelings by making each other happier. For example, have members of the class visit a sick classmate and then report back on how the visit made him feel – its effects on him. Begin to develop functional empathy; induce awareness of how the other person feels. Demonstrate differences between courtesy and thoughtfulness. Require courtesy in classroom situations.

4. Values of group membership	Use modeling or imitation procedures in overt demonstrations of how appropriate behavior produces better feelings. Set up role playing situations in which individual children perform acts of socially acceptable behavior to encourage a group to accept them. Continue the dramatics approach with other kinds of acceptable behavior so students see many examples of approved social behavior. Demonstrate how individual behavior can be changed by the actions of others.
5. Standards of behavior *6. Self-discipline*	Give students opportunities to set standards for governing themselves. Leave the class alone and unsupervised for awhile – reward students verbally and by special class treats or activities when behavior warrants. Discuss diet as a method of self-discipline and freedom.
F. Identifying with the same and with the opposite sex – masculinity and femininity	COMMENT: Identifying with the same and with the opposite sex was originally introduced in Section II B (p. 26) – emphasis at this stage should be on reinforcing earlier instruction on sex roles. Instruction here should also serve as a prelude to dating. Use modeling methods with boys performing such typical male courtesies as opening doors, pulling out chairs, and holding coats for girls. Ask boys to perform such chores as moving desks while girls wash the tops. Institute a dress-up day when students emulate adults at various social functions; girls, for example, pour coffee and serve the boys. Schedule boys in industrial arts shops and girls in home economics. At the vocational level, boys can hold typically male jobs such as working in tire shops, as busboys, or as custodians. Girls can be placed as file clerks, receptionists, and waitresses.
G. Acceptance of changing roles in relation to others – the family as a societal unit: *1. Family problems* *2. Sibling relationships* *3. Rights of individual members of the family* *4. Responsibilities of individuals*	Ask students to list factors that may lead to arguments or difficulties at home or in their residential group. Discuss chores, parental rules, school rules, and the need to follow directions. Set up creative, dramatic situations in which one person has everything his way to demonstrate how this results in unhappiness and resentment on the part of the rest of the family or group. Let students suggest ways each can improve his relations at home or in his residential setting. For homework, have students discuss this with their parents, siblings, and friends and bring in suggestions for analysis and discussion by the class. Define the word *love* when it is applied to various people – parents, siblings, teachers, and friends of the same and opposite sex. Compare similarities and differences between each; discuss socially acceptable ways of communicating these feelings at different stages of development. Contrast the feelings of sexual drives with those of affection and love.
H. Acceptance of the role as an employee – subordinate employee role *1. Boy with male boss* *2. Boy with female boss* *3. Girl with male boss* *4. Girl with female boss*	In junior high classrooms, use dramatic play to act out on-the-job relationships. Have students role-play job interviews, on-the-job training situations, coffee breaks, employee gripe situations, employer-employee and employee-employee relationships, and late-for-work situations. Schedule field trips to business establishments that employ both men and women to demonstrate roles of both sexes in work situations. Contact vocational counselors for suitable visual aids.
I. Social heterosexual relationships– preparation for dating *1. Selecting companions* *2. Arranging a date* *3. Accepting a date* *4. Dating behavior* • *Courtesy* • *Self-respect*	COMMENT: While many trainable and severely retarded young people do not date, most educables date. Teachers are urged to take advantage of school sponsored activities to teach dating and group-social behavior. Too often, students in special classes are not encouraged to participate in such activities and, therefore, they must learn desirable social behavior under less favorable circumstances with little or no supervision. Dramatic play or role playing is a helpful technique for introducing discussion on the subject of dating. To avoid embarrassing situations, it is best to alternate roles to let as many students as possible participate; teachers should emphasize responsibility as well as

- *Thoughtfulness of others*
- *Petting*

stress behavior in these activities. For example, use newspapers as resources in discussing places to go on dates. Part of discussions should be devoted to the cost of movies, ball games, refreshments, transportation, and similar date expenses. Teachers should also spend some time talking about proper clothes to wear and appropriate and inappropriate behavior on dates.

You might begin instruction on date behavior by having the class plan an informal party or two in a garage or barn, for example. Although students do not have to ask others to come with them as dates, social dating-type behavior can be encouraged at these practice parties. From this type of activity, the class can move to group dating organized around school-sponsored activities. Dating in pairs and exchanging partners should be discussed with the focus on expanding friendships – teachers should talk frankly about the drawbacks of going steady. To be sure they are not encouraging practices that some parents oppose, teachers should discuss the whole question of dating with parents. Some parents may prefer that their retarded daughters not date except in groups. Teachers should take time to discuss petting and all its ramifications in an effort to help retarded students understand all its implications. Here, again, is a situation in which the retardates' intellectual limitations may complicate teaching acceptable sexual behavior on dates. They are generally less able to control their impulses and are also less able to make judgments regarding when to neck and when to stop sex play type activities. Efforts should be made to provide the retarded with group recreation activities which stress social satisfactions. To help reinforce socially desirable behavior patterns, teachers should meet with parents and others who work with the retarded. It is no easy task to equip retarded boys and girls to make decisions in social situations. For retarded youngsters who live in residential settings, teachers, attendants, recreation workers, and others must cooperate in helping each youngster establish acceptable behavior patterns. In residential facilities, it is particularly important that social activities involving friendly dating be encouraged and permitted. Without such heterosexual functions, the individual leaving a residential facility is poorly prepared for the social freedom he will encounter in the community.

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J. Classification of premarital intercourse
1. Abstinence
2. Double standard

COMMENT: Prior to initiating instruction on this topic, teachers must know well the students and their backgrounds. Teachers must also be aware of their own attitudes toward sex and understand that children come to class with different attitudes and experiences from their own. Many retardates, particularly those who come from innercity areas, may have experienced sexual intercourse or be knowledgeable about it. You must be careful not to develop guilt feelings among students – your knowledge of their backgrounds and histories should guide you in this effort. In Section II (pp. 25-31), it was noted that intercourse is an important part of marriage – this concept should be reinforced. Although premarital sex relations should be discouraged, you cannot achieve this objective with the mentally retarded just by saying it is bad or that pregnancy or venereal disease might result. The retarded need direction in the area of leisure time activities as well as instruction on the responsibilities and consequences of sexual relations.

CURRICULUM CONCEPTS	COMMENTS, CONTENT, ACTIVITIES
IV. RESPONSIBILITY TO SOCIETY *A. Single life* *1. Independent living* *2. Social relations*	COMMENT: The adult life of retarded individuals varies greatly, depending upon the level of retardation. Many mildly retarded live in the community, marry, and raise a family. The more severely retarded do not usually marry and for the most part remain in supervised living situations. Both groups need guidance in achieving satisfactory adjustments with respect to their sex drives and social needs. It is unrealistic, of course, to assume that a sex education program during the school years will prepare mentally retarded youth for adulthood and for all the frustrations they are bound to encounter. Schools have to make

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continuing education and counseling programs available to the mentally retarded as they enter adulthood; social agencies can prove very helpful, particularly those that routinely serve the retarded and their families. While group instruction is appropriate, individual counseling – often in conjunction with parent counseling – is essential in cases where students are contemplating marriage.

Since many retarded people do not marry, be careful not to imply that everyone should marry. Emphasize that a number of men and women remain single and lead happy lives. Discuss such topics as leisure time, jobs, and budgeting as they relate to single persons. Invite a single person to visit the class and discuss his recreational activities.

B. Preparation for marriage

Generally, teenagers do not comprehend the responsibilities that accompany marriage – they view it as a happy relationship involving two people. Introductory discussions should focus on the responsibilities of marriage, as well as physical and emotional relationships that exist and deepen between partners in marriage.

C. Selection of a mate

Ask children to describe the type of person with whom they would like to spend the rest of their lives – emphasize the importance of having similar interests. Ask them how much money they think a husband should earn to support a wife or a wife and children.

D. Financial obligations of marriage

Use previous discussions as an introduction to the study of marriage responsibilities. Have girls plan menus and determine costs; extend this activity to budget planning for both boys and girls. Have them consider such things as rent, clothing, utilities, insurance, transportation – including the cost of a car – and recreation. Introduce the concept of installment buying, which might constitute a major area of emphasis in the curriculum apart from sex education.

E. Husband-Wife relations

List jobs that must be done in caring for a household and raising a family. Have students indicate tasks that should be the responsibility of the husband and those that should be the responsibility of the wife; ask students to select tasks that can be done by both husband and wife. Stress the importance of husband and wife working together and helping each other – emphasize that this is vital to success in marriage.

F. Contraception

Introduce the concepts of contraception and sterilization (previously discussed in Sections II-I and II-J, p. 30), by means of a discussion on family planning and the responsibilities of raising a family, including not bringing unwanted children into the world. Invite physicians, clergymen, representatives of Planned Parenthood, or other persons with similar qualifications to visit the class and discuss methods of contraception. However, stress the fact that each person needs specific medical advice governing his own contraceptive needs.

G. Responsibility of care for a household

H. Child care

Child care should be a major unit of study; it should be incorporated into a unit on the family. The concepts of care introduced in Section I-A, B, C, (pp. 19-21) are applicable here. In the study of child care, social needs of children should be emphasized as well as physical needs. Many girls act as baby sitters to earn money; they should be taught that they have the same responsibilities as parents when serving as baby sitters. In this unit, both boys and girls should be given opportunities to work with children – they might be given assignments as kindergarten helpers or perform similar tasks in day care preschools.

You might invite a mother with young children to discuss child care; prepare students for the visit so they will be ready to ask relevant questions. In a residential setting, you might assign your students to work with young children in the recreation program.

I. Personal resources – getting help

Retarded youth cannot be expected to remember specific facts and details on feeding, formulas, and care of eating and feeding utensils. However, they should be made aware of responsibilities which accompany raising children. Teachers should provide information on where help can be obtained – this should be a major objective of the child care unit.

After children finish the unit – and ultimately leave the protection of the school or home – they may well encounter serious problems; they should be encouraged to seek help in an emergency and learn where they can obtain it.

RESOURCES

Resources listed in this section include printed materials and audiovisual aids that have been used effectively in sex education programs for the mentally retarded. However, listings in the section on Background Materials are specifically for adult users of the *Guide* to supplement their own background, knowledge, understanding, and appreciation of the many concepts and topics dealt with in the *Guide*. Some printed materials listed in this section can be adapted, applied, and used to expand and enrich sex education programs for the retarded individuals with whom you work. These publications have been listed since no direct reports had been received relative to their appropriateness and effectiveness with the mentally retarded. Coded materials have been used with trainable retarded and educables, in residential facilities and day care centers, and in public schools. This compilation of source materials for use in sex education programs for the retarded in no way represents all of the excellent printed materials and audiovisual aids produced by commercial publishers, educational institutions, professional associations, and individual teachers.

Very few resources listed in this section have been developed specifically for use with or by the mentally retarded. However, all coded materials have been used successfully with some retarded individuals and groups for specific purposes in given situations. Because of the focus of specific materials, the individuality of all people – including the mentally retarded – and the abilities and limitations as well as the positive and negative attitudes of those who work with the mentally retarded, *all materials and aids must be previewed before use.* No single item will be satisfactory to or for everyone. That which appeals to one will not appeal to another; effective approaches for some will be ineffective for others. Materials and aids cannot be selected and used on the basis of broad generalizations and external behavioral characteristics. And generic labels and categories based solely on such factors as IQ, chronological age, and mental age are not always relevant.

Every reader of this guide is urged to use his own initiative in developing new materials and in modifying and adapting existing materials, whether or not they were originally planned and designed for use with the mentally retarded. Tapes, records, live narrations, or kinescopes can be developed to replace sound tracks of films, filmstrips, and video tapes. Audiovisual materials – tapes, records, transparencies, models, slides, critical incident films and filmstrips, video tapes – can be made to promote discussion and to introduce or reinforce specific points. Teachers can select pictures to stimulate discussion on particular aspects of the curriculum and to develop selected concepts. Instructors can elicit discussions by asking simple introductory questions such as What's happening here? What happened yesterday or the day before which caused this? What is going to happen tomorrow because of this? Often students draw from their own personal experiences, raise questions which bother or perplex them, express their concerns, and project themselves into discussions stimulated by visual devices and creative but simple questions.

In addition to teaching materials, this section also includes a list of organizations and agencies that provide services and produce materials for use in sex education programs for the mentally retarded. Each community has its own unique structure of organizations and agencies that serves the mentally retarded and participates in sex education programs. Therefore, vastly different group patterns and interrelationships will be found from community to community. These differences should be recognized and considered by those who use materials developed in different communities by various organizations.

Organization of Section

This section has been developed and organized so readers can easily locate materials pertaining to particular concepts at specific levels of difficulty. For example, resources dealing with physiological changes that occur during puberty are in the left column and coded *"B"*, indicating *Physical Changes and Understanding of Self.* Listings designated *2* – Extremely Easy Concepts and *3* – Medium Difficult Concepts relate to materials appropriate for these levels. Areas and levels are not mutually exclusive or independent since there is a great deal of overlap.

AREA OR TOPIC

A – Awareness of Self
B – Physical Changes and Understanding of Self
C – Peer Relationships
D – Responsibility to Society as Men and Women

LEVELS OF DIFFICULTY

1 – Basic Concepts
2 – Extremely Easy Concepts
3 – Medium Difficult Concepts
4 – Difficult Concepts
5 – Very Difficult Concepts

Many states, school systems, and schools have developed comprehensive curriculum guides for special education programs, health education curricula, and home economics courses that include units on sex education. In some cases these units are called family living, boy-girl relationships, preparation for marriage, or other similar titles. Lists of additional resources and materials as well as activities, methods, and projects appropriate for sex education programs can be found in these guides. Teachers should contact special education instructional materials centers as well as concerned national associations, regional centers, and community agencies for additional materials.

Teachers, aides, ward personnel, parent substitutes, paraprofessionals, volunteers, parents, and others interested and concerned with sex education programs can expand their knowledge, increase their understanding, and develop greater appreciation of the many and varied problems involved in conducting sex education programs for the mentally retarded by participating in workshops, seminars, institutes, college courses, and other in-service programs. Visiting and observing others who work in similar situations provide valuable learning experiences and should be encouraged. Opportunities to discuss common problems, exchange ideas, tell of promising practices, and listen to successful approaches expand each individual's horizons and provide him with new ways to attack problems, deal with difficult situations, and work with his students. Exchange of information among participants and leaders during inservice training programs provides teachers with opportunities to gain greater depth, more flexibility, and keener understanding of relevant problems. These learning experiences add to one's repertoire and make him more effective in his mission. Continuing education enables one to be alert to change, cognizant of new approaches and procedures, aware of the contributions of modern technology, and appreciative of the breakthroughs in related disciplines. Improving one's competencies, knowledge, skills, understandings, and appreciation makes him more effective in any task in which he is involved. In no area is this more true than in providing meaningful sex education programs for the mentally retarded.

In the final analysis, one's success or failure in reaching and teaching mentally retarded boys and girls and men and women in sex education programs – as in any other area – rests in the interpersonal relationship developed between teacher or instructor and his student. The listing of resource aids such as printed materials, audiovisuals, personal contacts, and involved agencies simply give teachers, administrators, and others who work in sex education programs additional guides to new ideas. The sources suggest a variety of media that the resourceful educator or parent can use in applying new ideas that will appeal to his students or children.

Printed Materials

ABC 1-2-3 American Association for Health, Physical Education, and Recreation. *Sex Education Resource Unit for Grades 5, 6, 7.* Washington, D.C.: the Association (1201 16th St., N.W., 20036), 1967.

ABC 1-2 _____. *Sex Education Resource Unit for Grades K, 1, 2, 3, 4.* Washington, D. C.: the Association, 1969.

D 4-5 _____. *Venereal Disease Resource Unit, Senior High School.* Washington, D.C.: the Association, 1967.

B 2 American Medical Association. *The Miracle of Life.* Chicago: the Association (535 N. Dearborn St., 60610), 1966.

AB 1-2 Bauer, W. W. et al. *Just Like Me.* Basic Health and Safety Program, Book 1. Glenview, Ill.: Scott, Foresman and Co. (1900 E. Lake Ave., 60025), 1962.

AB 4 Corner, George W. *Attaining Manhood.* Rev. ed. New York: Harper & Row, Publishers (49 E. 33rd St., 10016), 1952.

AB 4 _____. *Attaining Womanhood.* Rev. ed. New York: Harper & Row, Publishers (49 E. 33rd St., 10016), 1952.

D 4-5 Department of Health, Education, and Welfare, Office of Education. *Your Baby's First Year.* Children's Bureau Publication. Washington, D.C.: Government Printing Office, 1966.

ABCD 1-2-3 _____. *The Adolescent in Your Family.* Children's Bureau Publication #347. Washington, D.C.: Government Printing Office, 1955.

ABCD 1-2 DeSchweinitz, K. *Growing Up.* 4th ed. New York: The Macmillan Co. (866 3rd Ave., 10022), 1968.

ABC 5 Dickerson, Roy E. *Into Manhood.* New York: Association Press (291 Broadway, 10007), 1954.

ABCD 4-5 DuVall, Evelyn. *Why Wait Until Marriage?* Eau Claire, Wisc.: E.M. Hale and Co., 1965.

AB 1-2 Ellett, Marcella H. *World of Children.* Minneapolis: Burgess Publishing Co. (426 S. 6th St., 55415), 1965.

AB 1-2-3 Ets, M. H. *The Story of A Baby.* New York: Viking Press (625 Madison Ave., 10022), 1969.

B 2-3 Farnsworth, Dana L. *Child Growth in the Middle Grades.* Chicago: Lyons & Carnahan, (407 E. 25th St., 60616), 1967.

B 2-3 _____. *Child Growth in the Primary Grades.* Chicago: Lyons & Carnahan, (407 E. 25th St., 60616), 1967.

B 2-3 _____. *Child Growth in the Upper Elementary Grades.* Chicago: Lyons & Carnahan (407 E. 25th St., 60616), 1967.

B 5 Gilbert, Margaret S. *Biography of the Unborn.* 2d rev. ed. New York: Hofner Publishing Co. (31 E. 10th St., 10003), 1963.

BD
1-2-3

Gordon, Sol. *Facts About Sex: A Basic Guide.* New York: The John Day Co., Inc. (257 Park Ave., S., 10010), 1970.

BD
1-2-3

_____ . *Facts About Sex for Exceptional Youth.* Plainview, N.Y.: Charles Brown, Inc., 1969.

AB
1-2

Gregg, Walter H. *A Boy and His Physique.* Chicago: National Dairy Council (111 N. Canal), 1965. (Contains growth chart for boys).

AB
1-2

Gruenberg, Sidonie M. *The Wonderful Story of How You Were Born.* Rev. ed. New York: Doubleday & Co., Inc. (79 E. Madison Ave., 10017), 1970.

C
1-2-3

Hodges, Bruce E. *How Babies Are Born: The Story of Birth for Children.* New York: Essandess Special Editions (630 5th Ave., 10020), 1967.

AB
2-3

Hofstein, Sadie. *The Human Story: Facts on Birth, Growth and Reproduction.* Glenview, Ill.: Scott, Foresman and Co. (1900 E. Lake Ave., 60025), 1967.

CD
3-4

Illinois School for the Deaf. *Social Hygiene Guide.* Jacksonville, Ill.: the School, 1966. Includes *Social Growth and Development; Family Life and Development; Dating and Courtship; Human Growth and Development; Physical Growth and Development; Marriage, Childbirth and Family Living.*

A
1-2

Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. *A Story About You.* Washington, D.C.: the NEA and the AMA, 1964.

ABCD
3-4

_____ . *Approaching Adulthood.* Washington, D.C.: the NEA and the AMA, 1969.

C
3-4

_____. *Facts Aren't Enough.* Washington, D.C.: the NEA and the AMA, 1962.

AB
4

_____. *Finding Yourself.* Washington, D.C.: the NEA and the AMA, 1968.

AB
2-3

Kimberly-Clark Corporation. *A Practical Guide for Teaching Menstrual Hygiene.* (Pamphlet). Neenah, Wisc.: the Corporation, n.d.

AB
2-3

_____. *At What Age Should a Girl Be Told About Menstruation.* (Pamphlet). Neenah, Wisc.: the Corporation, 1971.

AB
1-2-3

_____. *Growing Up Young: About Menstruation for Parents and Teachers of the Retarded Girl.* Neenah, Wisc.: the Corporation, 1971.

AB
1-2-3

_____. *Now You Are Ten.* (Pamphlet). Neenah, Wisc.: the Corporation, n.d.

AB
1-2-3

_____. *Very Personally Yours.* (Pamphlet). Neenah, Wisc.: the Corporation n.d.

AB
1-2-3

_____. *You're A Young Lady Now.* (Pamphlet). Neenah, Wisc.: the Corporation, n.d.

CD
3-4

Lawson, Gary D. *Safe and Sound.* Elk Grove, Calif.: the author (9488 Sara St., 95624), 1965.

A
1-2

Lerner, Marguerite. *Who Do You Think You Are: The Story of Heredity.* Englewood Cliffs, N.J.: Prentice-Hall, Inc. (Route 9W, 07632), 1963.

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AB *2-3*	Lerrigo, Marion and Cassidy, Michael. *A Doctor Talks to 9-12 Year Olds.* Chicago: Budlong Press (5428 Virginia Ave.), 1969.*
ABCD *2-3*	Lesko, Carol. *How About a Date Cutie?* Golden, Colo.: the author (13403 W. 21st Ave., 80401), n.d.
AB *1-2*	Leverton, Ruth M. *A Girl and Her Figure.* Chicago: National Dairy Council (111 N. Canal), 1966. (Contains growth chart for girls).
BC *1*	Levine, Milton I. and Seligmann, Jean H. *A Baby is Born.* Rev. ed. New York: Golden Press (850 3rd Ave., 10022), 1966.
AB *3*	Meilach, Donna Z. and Mandel, Elias. *Wonder of Life.* Chicago: Budlong Press (5428 Virginia Ave.), 1968.*
AB *3*	_____. *A Doctor Talks to 5-8 Year Olds.* Chicago: Budlong Press (5428 Virginia Ave.), 1967.*
AB *1-2*	National Dairy Council. *Who Me?* Chicago: the Council (111 N. Canal).
B *5*	Nilsson, A. Lennart et al. *A Child Is Born.* New York: Delacorte Press (750 Third Ave., 10017), 1967.
BC *1*	Orenstein, Irving. *Where Do Babies Come From?* New York: Pyramid Publications, Inc. (444 Madison Ave.), 1964.
B *1-2*	Pattullo, Ann. *Puberty in the Girl Who Is Retarded.* Arlington, Tex.: National Association for Retarded Children (2709 East Ave., E.), 1969.
BC *1*	Pemberton, Lois. *The Stork Didn't Bring You.* Rev. ed. Camden, N.J.: Thomas Nelson & Sons (Copewood & Davis Sts.), 1966.
AB *1-2-3*	Personal Products Corporation. *Educational Portfolio.* Milltown, N.J.: the Corporation (Box X6). (Includes teacher's guide, book for mothers, book for students).
AB *1-2*	_____. *Growing Up and Liking It.* Milltown, N.J.: the Corporation (Box X6).
ABCD *1-2-3-4*	Science Research Associates. *Life Adjustment Booklets.* Chicago: the Associates (47 W. Grand Ave.). Includes *Let's Talk About Honesty; Enjoying Your Lesiure Time; All About You; Your Problems: How To Handle Them; Getting Along With Parents; What Are You Afraid Of?; Your Behavior Problems; Growing Up Emotionally; Understanding the Other Sex; Guide to Good Grooming; About Marriage and You; Understanding Sex.*
AB *1-2-3*	Scott Paper Company. *World of A Girl.* Philadelphia: the Company (International Airport).
B *2*	Tampax, Inc. *It's Natural, It's Normal.* Lake Success, N.Y.: Tampax, Inc. (S. Dakota Dr., 11040), n.d.
ABC *2-3*	_____. *Accent on You.* Lake Success, N.Y.: Tampax, Inc. (S. Dakota Dr., 11040), n.d.
AB *3-4*	Wilson, Charles and Wilson, Elizabeth. *Growing Up.* Indianapolis: The Bobbs-Merrill Co., Inc. (4300 W. 62nd St., 46206), 1966.
AB *1*	Zim, Herbert S. *What's Inside of Me?* New York: William Morrow & Co., Inc. (105 Madison Ave., 10016), 1952.

*Some Budlong Press publications are available only to physicians.

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Films

Calvin Productions, 1909 Buttonwood St., Philadelphia, Pa. 19130.

BD
3-4

Dance Little Children. 25 min.
Story of a girl who contracts syphilis; depicts methods used by public health agencies to stop spread of the epidemic.

ABCD
4-5

Innocent Party, The. 17 min., color.
Documents the nature, symptoms, cure, and control of syphilis; shows how one young man learns the tragic effect on his steady because he picked up a girl.

Campbell Films, Academy Ave., Saxtons River, Vt. 05154.

D
4-5

To Plan Your Family. 14 min., color.
Frank description of women's reproductive system and the common methods of contraception. The animation and the interviews are geared to be understood by all levels of education.

ABCD
3-4-5

Worth Waiting For. 28 min., b & w
Teenagers want to marry before high school graduation; the film elaborates on how they make a wise decision.

Center for Mass Communication, Columbia University Press, 1125 Amsterdam Ave., New York, N.Y. 10025

A
5

Phyllis and Terry. 36 min., b & w
Life in a New York ghetto as experienced by two impoverished Negro teenagers. What evoles is a compelling portrait of hope and despair etched out by the girls themselves.

Centron Educational Films, 1621 W. Ninth St., Lawrence, Kan. 66044

D
5

While You're Waiting. 29-1/2 min., color.
What to do while you're waiting for the baby. Designed for mixed audiences, it explains the benefits of diet and exercise, physiological changes, and psychological problems of pregnancy.

Churchill Films, 622 N. Robertson Boulevard, Los Angeles, Calif. 90069

BD
4-5

A Half Million Teenagers. 16 min., color.
Revised version of *A Quarter Million Teenagers,* an authoritative film for teenagers on venereal disease. Explains how the organisms of gonorrhea and syphilis enter and affect the body, and how the disease may be recognized. Need for treatment is stressed. Extensive animation.

AB
1-2-3

Boy to Man. 16 min., color.
Presents the changes of adolescence in the order of their simplicity – moving from superificial change of growth, skin, voice, and body hair to more complicated phenomena of glandular changes and sexual maturation. Individual differences in rate of growth are stressed as normal.

AB
1-2-3

Girl to Woman. 16 min., color.
Deals with human growth and development during the change from girlhood to womanhood; describes male and female reproductive systems.

D
5

Have a Healthy Baby. 18 min., color.
Love, impregnation, development, delivery, the wonder of life. Extraordinary animation details the development of the embryo and some of its major organs. Warnings are posted as to how damage may occur. A guide for eventual or inadvertent parents.

AB
2-3

Living and Growing (revised). 10 min., color.
Howard and Wendy watch a litter of newly born rabbits grow rapidly into sturdy young rabbits as they eat and sleep and hop about in their sheltered home. We learn that children need the same things for living and growing that young rabbits do: shelter, good food, plenty of rest. Most of the narration in this revised version is in the form of a memorable song. Key words of the song appear on the screen to make a multiple learning experience.

C
2-3-4

On Herbert Street. 14 min., color.
About the values of freindship, loyalty, honesty, and acceptance of others. Five beguiling, very real boys discover a new boy collecting bottles in the neighborhood. The boys steal the empty bottles that Pepe has picked up, returning them for money. Later, after one of the boys, Michael, has made friends with Pepe, he finds himself in a dilemma when his old friends insist that he act as a decoy so they can steal more of Pepe's bottles. The film ends with Michael pondering what to do.

C
2-3-4

Our Family Works Together. 11 min., color, b & w.
Linda and Steve persuade their parents to go on a weekend trip even though the family has not prepared for it. Because the children fail to do their share in the rush of getting ready, the trip has to be called off. The following week, the preparations are a success as the family plans ahead, works together, and each one does his job.

Coronet Instructional Films, 65 E. South Water St., Chicago, Ill. 60601

CD
4-5

Date Etiquette. 11 min., color.
Helps young people to be more comfortable on dates by showing them how they might ask for a date, accept a date, call for a girl, meet her parents, attend a school event, and say goodnight.

CD
4-5

Dating: Do's and Don'ts. 14 min., color.
In describing an idealistic date this film offers some suggestions on date etiquette.

D
3

Family Life.
A mother sees family life as a business – calls family councils and regular meetings to determine home management and to put plans into action.

ABCD
4-5

Going Steady. 10 min., b & w.
Helps teenagers examine the pros and cons of steady dating.

ABCD
2-3-4

How To Say No. 10 min., b & w.
Dramatizes several situations in which a group of adolescents gracefully says no to undesirable activities.

B
3-4

Human Body, The: The Reproductive System. 13 min., color.
Through animation and photomicrography this film presents a clear and objective description of the male and female human reproductive systems.

CD
3-4-5

What To Do On A Date. 11 min., color.
Points out the range of amusements available to making dating an entertaining and constructive social occasion.

Encyclopedia Britannica Films, 425 N. Michigan Ave., Chicago, Ill. 60611.

B
3-4

Biography of the Unborn. 16 min., b & w.
The primary objective of this film is to give the lay audience a simple explanation of the development of life inside the womb, starting with the fertilization of the egg and concluding with the doctor holding a new born baby.

Henk Newenhouse, Inc., 1017 Longaker Rd., Northbrook, Ill. 60062.

ABCD
4-5

Early Marriage. 26 min., color.
Shows some of the problems of early marriages and compares minister and justice of the peace marriages.

AB
2-3

Happy Little Hamsters. 13-1/2 min., color, b & w.
Follows the complete life-cycle of the hamster with narration that is both informative and humorous. A good introduction to family living and sex education.

B
1-2

Human and Animal Beginnings. 13 min.
Beginning of life simply described along with basic concepts of family and reproduction.

ABC
1-2-3

Human Growth. 19 min., color.
A mixed group of seventh-grade youngsters in a class situation view and discuss an animated film which traces human growth and development of the organism from mating through pregnancy and birth, then from infancy through childhood and adolescence to the adult form; difference in male and female structural development emphasized.

ABC
3-4

Human Heredity. 18 min., color.
Points out some of the facts concerning human heredity, sex determination and roles, and the influence of environment on behavior and attitudes.

International Film Bureau, 332 S. Michigan Ave., Chicago, Ill. 60604.

CD
4-5

Farewell To Childhood. 23 min., b & w.
Story of a girl who both wants and fears the independence and privilege of adulthood: there is the beginning of a closer understanding between the girl and her parents.

Kotex Corporation, Kimberly-Clark Corp., North Lake St., Neenah, Wisc. 54956.

AB
1-2-3

Story of Menstruation. 10 min., color. Walt Disney.
Animated drawings and diagrams are used to explain the physiology of menstruation; suggests methods of care and hygiene, and encourages a healthy attitude toward the process.

Medical Arts Production, 414 Mason St., San Francisco, Calif. 94102.

AB
2-3-4

As Boys Grow. 20 min.
Ejaculation, masturbation, fertilization, and differences in rate of maturation are discussed.

ABC
1-2-3

Molly Grows Up. 15 min. b & w.
Discusses menstruation and illustrates different ways to introduce a young girl to these changes.

B
3-4

Prenatal Care. 23 min., b & w.
Describes the lives of three pregnant women, stresses the need of early medical examinations, correct diet, adequate exercises, and proper clothing.

McGraw-Hill Textfilms, 330 W. 42nd St., New York, N.Y. 10036

ABC
4-5

Choosing for Happiness. 14 min. b & w.
Two girls realize that before they can assess possible mates they must first analyze themselves.

AD
4-5

Developmental Characteristics of Preadolescents. 18 min., b & w.
Points out behavior patterns of preadolescents, describing them as intolerant, self-centered, imitative, energetic, and forgetful.

D
4-5

Emotional Maturity. 20 min., b & w.
Dramatizes a high school boy's immature behavior, demonstrates to adults some of the consequences that occur when an adolescent fails to channel his increasing emotional tempo into positive actions and feelings.

CD
3-4

Engagement: Romance and Reality.
Presents a step-by-step portrayal of a couple who plans to marry. It is immediately apparent that although Judy and Jim claim to love each other, they do not really know one another and the image each has of himself is completely unrealistic.

ABD
3-4

From Generation To Generation. 30 min., color.
Combines animation with live action to illustrate the basic facts of human reproduction with emphasis on proper attitudes of the family. Child bearing as an emotional and spiritual experience, as well as a physical one, is stressed.

CD
5

Handling Marital Conflicts.
Portrays the development of an argument between each of two couples. It can well be used in discussions of child discipline in addition to marriage disputes.

ABC
2-3-4

Human Reproduction. 20 min., b & w.
Explains the human reproductive systems and the process of conception, pregnancy, and childbirth. Describes the anatomy, physiology, and functions of the male and female reproductive organs; illustrates by means of animated drawings the body mechanics of delivery.

CD
4-5

It Takes All Kinds. 20 min., b & w.
Points out that successful marriages are those where the partners choose each other with care and then accept each other for what they are.

D
4

Jealousy. 10 min., b & w.
Shows a young wife's jealous misunderstanding of her husband is really an expression of her own dissatisfactions and tendency to dramatize.

CD
4-5

Marriage Today. 22 min. b & w.
Shows two couples who have made their marriages work through analysis of their mutual aims and cooperation in striving to achieve them.

AD
4-5

Psychological Differences in the Sexes. color, 19 min.
Dramatizes the way in which a young girl and boy react to similar situations. Their diverse reactions exemplify some typical psychological differences between the sexes.

CD
4-5

This Charming Couple. 19 min., b & w.
Focuses on a frequent cause of broken marriages: idealization of the courting partner and subsequent disillusionment.

D
4-5

Who's Boss. 16 min., b & w.
Tells the story of a couple who discover that a broken marriage with two bosses is less desirable than a strong marriage with two partners.

CD
4-5

Who's Right. 18 min., b & w.
Shows a typical marriage quarrel of two people who have not yet achieved mature love based on understanding and forbearance.

ABC
1-2-3

Your Body During Adolescence. 10 min., b & w.
Eighteen young people from ages 13 to 18 are shown to vary widely in size and shape as all are in various stages of pubertal development. Structure and the function of male and female reproductive organs are outlined and discussed.

Personal Products Coporation, Van Liew Ave., Milltown, N.J. 08850

AB
1-2-3

It's Wonderful Being A Girl. 20 min., color.
Made to give young girls a healthy understanding of the physical and emotional changes that occur in growing up.

Potomac Films, Inc., 4303 Elm, Chevy Chase, Md. 20015

ABC
3-4

Nine Months to Get Ready. 25 min., color.
Uses documentary technique to tell the story of a young mother who, in her second pregnancy, successfully avoids the complications she experienced in the first by prenatal care.

U.S. Office of Education, Bureau of Education for the Handicapped, Division of Education Service, Washington, D.C. 20202.

B
1-2-3

Kittens: Birth and Growth.
Captioned film for the handicapped. Interesting presentation of simple science lesson; child's reaction to birth of kittens.

Filmstrips

Guidance Associates Harcourt, Brace and World, Pleasantville, N.Y. 10570

BC
3

And They Lived Happily Ever After? Two color filmstrips and 2 12" lp records.
Presents facts, questions, and viewpoints on the problems of teenage marriage in a way to interest the teens. It is designed to help teachers, guidance counselors, and group leaders to constructively discuss the problem with teenage groups.

AD
4-5

Love, Marriage, and the Family. Two color filmstrips and 2 12" lp records.
Helps students view love realistically – as a basic human emotion pervading many kinds of relationships. Students examine such factors as warmth, affection, recognition, and support as vital parts of love, and the importance of these factors in relationships between friends of the same sex, relatives and immediate family members. Program concludes with a consideration of love between parents and children and between brothers and sisters.

A
4-5

Masculinity and Femininity. Two color filmstrips, 2 12" lp records, and a teacher's manual.
Students examine physical factors which contribute to role definition; view sexual roles as expressed in various cultures; probe basic American attitudes toward masculinity and femininity and problems caused when these attitudes are exaggerated or oversimplified. Emphasis is on understanding sexuality as far more varied and complex than simple physical contact.

C
4-5

Sex: A Moral Dilemma For Teenagers. Two color filmstrips and 2 12" lp records.
Made up of live interviews with young people in which they express their opinions, confusions, and apprehensions about their own sexuality and sexual relationships. Contains interviews with professional authorities in the fields of medicine, religion, and education. The language of the teenagers is direct and honest; their approach is sincere and extremely frank. It is designed to help guidance counselors, teachers, and youth group leaders to discuss openly some of the problems that are troubling teenagers about sex.

CD
4

The Tuned-Out Generation. Two color filmstrips and 2 12" lp records.
Presents an examination of the ways in which the generations are alike (not different), to point out that reaching adulthood is not an end – but a beginning. Purpose is to stimulate discussions and provide motivation for more open communication between adults and youth.

BD
4-5

Venereal Disease: A Present Danger. Two color filmstrips, 2 12" lp records and a teacher's manual.
Includes history of venereal disease and describes the general characteristics and effects of syphilis. Ways in which the diseases are contracted, spread, diagnosed, and treated are discussed. Confidential nature of the patient-physician relationship is stressed.

Harris County Center for the Retarded, Inc., P. O. Box 13403, Houston, Tex. 77019

ABCD
1-2

Teaching Personal Hygiene and Good Conduct to Teenagers. Six filmstrips for girls and five filmstrips for boys with guidebooks.
An educational filmstrip series dealing with menstruation, bathing, care of hair, washing face and hands, shaving, showering, proper clothing, and personal problems. Especially recommended for the retarded and the disadvantaged. Educators find this material concrete, effective, and highly motivational.

Henk Newenhouse, Inc., 1017 Longaker Rd., Northbrook, Ill. 60062

B
3

Confidence Because. 15 min., color, with record.
Dramatizes the healthy attitude of a young girl who understands the physiological basis and purposes of menstruation.

AB
2-3

Especially for Boys. One filmstrip, record, and study guide.
Concepts presented in this filmstrip include an overview of the pubertal changes which are a normal part of growing up processes by which egg and sperm cells function in the continuation of human life, and development of a human being. Produced especially for use with boys to help them develop basic understandings and wholesome attitudes about human growth and reproduction.

Society for Visual Education, Inc., 1345 Diversey Parkway, Chicago, Ill. 60614

CD
1-2-3

Living With Your Family. Four color filmstrips, 2 records, and 4 teacher guides.
Portrays four approaches to family living: What Is a Family?, The Family Has a New Baby, A Day With Your Family, and Family Fun. Helps youngsters develop basic understanding of family problems and promotes favorable attitudes.

CD
4-5

Understanding Your Love Feelings. Color, 56 frames, 18 minutes, teacher's guide.
Many different forms of love; importance of knowing when one is in love; how to appraise mature love.

Transparencies

3M Education Press, St. Paul, Minn. 55101

ABCD

The Family Serves to Perpetuate Man and To Fulfill Certain Health Needs. Developed by the School Health Education Study.
Each packet of printed originals and set of prepared color transparancies contains 20 individual visuals. A *teaching learning guide* for each of the four levels is available and recommended to obtain maximum benefits from the transparancies.

1-2

Level I: The Family; Family Health; Characteristics of Boys and Girls

2-3

Level II: The Health and Happiness of the Family; Range of Family Characteristics; Body Changes at Puberty; How Life Begins; Heredity

3-4

Level III: Individual Health and Family Life; The Human Reproduction Systems; Influences on Family Life; Inherited and Acquired Characteristics; Developing Dating Criteria

4-5

Level IV: Marriage and the Family: Responsibilities and Privileges; Conception, Prenatal Development and Birth; Family Cycle and Values; Factors Influencing the Sex Drive; Causes and Effects of Family Disharmony;

Western Publishing Company, Inc., 150 Parish Dr., Wayne, N.J. 07470

AB
1 thru 5

Sex Education: Understanding Growth and Social Development. Series includes *Developmental Patterns of Pubescent Boys; Developmental Patterns of Pubescent Girls; The Baby: It's Conception, Growth and Birth; Physical Care and Self-Respect; Understanding Venereal Disease.*

Slides

Creative Scope, Inc., 509 Fifth Ave., New York, N.Y. 10017

AB
1-2

How Babies Are Made. 35 mm slides, color, 34 slides.
Imparts facts, attitudes, and ethics to children about sex and love. A useful aid to parents and educators. Can be supplemented with readings from Sidonie Gruenberg's book on the mystery of birth, *The Wonderful Story of How You Were Born.* (Also available in sound filmstrip).

DeNoyer-Geppert, 5235 Ravenswood Ave., Chicago, Ill. 60640

AD
2-3-4

Family Life and Sex Education
Kit shows relationship of mother, father, and child in the family.

Guidance Associates, Harcourt, Brace & World, Inc., Pleasantville, N.Y. 10570

AB
4-5

Human Reproduction 100. 80 slides, color, teacher' manual.
Depicts the structure and functions of the male and female reproductive systems; processes of conception, pregnancy, and birth; principles of sex determination and multiple births. Labeled and unlabeled diagrams are included in the program to enable teachers to use slides in various situations.

Charts

Scott, Foresman & Company, 1900 E. Lake Ave., Glenview, Ill. 60025

AB
1

Beginning the Human Story: New Baby in the Family.
Program includes twelve 20x20 full color photographs which present scenes in the everyday life of an inner city family from the time the children are told that a new baby is coming to the arrival. Scenes include: *At Home With the Family; Talking Over Some Exciting News; Getting Ready for the New Baby; Grandmother Comes To Help; Father Takes Mother to the Hospital; The New Baby Is Here; Grandmother Takes The Children To the Zoo; Coming Home; Mother Feeds the Baby; Baby's Bath; A Shopping Trip; First Birthday.*

Records

Generally, records have not proved too valuable or effective when used directly with the mentally retarded. However, many teachers, parents, and others interested in providing information about sex education to the mentally retarded have obtained some excellent ideas and approaches from records when they used them as a part of their own preparation.

Educational Activities, Inc., Freeport, N.Y. 11520

Basic Concepts Through Dance (ALP 601)

Listening and Moving (LP 605, 606-7)

Teaching Children Values (LP 702)

Folkways/Scholastic Records, Scholastic Magazines Inc., 900 Sylvan Ave., Englewood Cliffs, N.J. 07632

Maturity: Growing Up Strong. (Scope series #6501)

Parental Youth Guidance Institute, 5916 N. Louise Ave., Chicago, Ill. 60646.

Youth Health and Sex Education Program for Parental Instruction

Teaching Aids

A variety of materials, models, charts, transparancies, anatomical dolls, and related items is available from one or more of the listed sources. Contact each source for specific information about catalogs describing its products and materials.

A. J. Nystrom and Company, 333 Elston Avenue, Chicago, Illinois 60618
Frohse Anatomical Transparency and graphic health charts

Creative Playthings, Princeton, New Jersey
Anatomical boy doll and girl doll

Denoyer Geppert and Company, 5235 Ravenswood Avenue, Chicago, Illinois 60640
Catalog of classroom materials for family life programs

Kimberly-Clark Corporation, Educational Department, Neenah, Wisconsin 54957
Teaching kit for menstrual education

Personal Products Corporation, Van Liew Avenue, Milltown, New Jersey 08850
Classroom demonstration kit

Science Kit, Inc., 2299 Military Road, Tonawanda, New York 14150
Incubators, cages, and other pet supplies for demonstration

Schoolmasters Science, 745 State Circle, Ann Arbor, Michigan 48104
Models, charts, transparencies

Scott Paper Company, Home Service Center, International Airport, Philadelphia, Pennsylvania
Menstrual education kit

Tampax, Inc., Educational Director, 161 East 42nd Street, New York, New York 10017
Teaching kit for menstrual education

Additional Background Material

American Medical Association. *Health Education Materials Catalog.* Chicago: the Association (535 N. Dearborn St., 60610).

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Hinton, Gertrude. *Teaching Sex Education: A Guide For Teachers.* Palo Alto, Calif.: Fearon Publishers, Inc. (2165 Park Blvd., 94306), 1969.

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Tapes

Mrs. Marise Ross, Lutherville, Maryland 21093
Lecture given to a group of adolescents in Baltimore by Dr. Mary Calderone. Available free of charge.

Audiovisual Aids Library, University of Maryland, College Park, Maryland, 20740.
Lecture given by Mrs. Helen Southard, YWCA National Board at 4-H Conference. Available free of charge.

National Council of Family Relations, 1219 University Avenue, S.E., Minneapolis, Minnesota, 55414
The Use of Sex in Human Life.

Selected Sources for Additional Assistance

American Association for Health, Physical Education, and Recreation
1201 16th Street, N.W., Washington, D.C. 20036

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W., Washington, D.C. 20015

American Association of Sex Educators and Counselors
815 15th Street, N.W., Washington, D.C. 20005

American School Health Association
515 East Main Street, Kent, Ohio 44240

American Social Health Association
1740 Broadway, New York, New York 10019

Association for Children Education International
3615 Wisconsin Avenue, N.W., Washington, D.C. 20016

Child Study Association of America, Inc.
9 East 89th Street, New York, New York 10028

Council for Exceptional Children
900 Jefferson Plaza, Route 1, Arlington, Virginia 22202

Educational Resources Information Center for Exceptional Children
900 Jefferson Plaza, Route 1, Arlington, Virginia 22202

National Association for Retarded Children
2709 Avenue E East, Arlington, Texas 76010

National Clearinghouse for Mental Health Information, National Institutes of Health
Bethesda, Maryland 20014

The National Council on Family Relations
1219 University Avenue, S.E., Minneapolis, Minnesota 55414

National Foundation
800 Second Avenue, New York, New York 10017

National Institutes of Health, Public Health Service, National Medical Audiovisual Center
Station K, Atlanta, Georgia 30324

Planned Parenthood-World Population
810 Seventh Avenue, New York, New York 10019

School Health Education Study, Inc.
1507 M Street, N.W., Suite 800, Washington, D.C. 20036

Sex Information and Education Council of the United States
1855 Broadway, New York, New York 10023

Special Education Instructional Materials Center Network (includes regional, state, associate, and affiliate centers). Contact Dr. Donald Erickson, Coordinator, SEIMIC Network, c/o Council for Exceptional Children, 900 Jefferson Plaza, Route 1, Arlington, Virginia 22202

United Cerebral Palsy Association, Inc.
66 East 34th Street, New York, New York 10018

In addition to the specific associations and organizations listed, certain official, private, and volunteer groups can provide assistance, materials, and resources for comprehensive sex education programs for the mentally retarded:

Genetic counseling centers
Manufacturers of contraceptives
Information and Referral Service
State Department of Health
State Department of Mental Health